### Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 1 of 68

| Fill in this information to identify your case: |                                            |                                    |
|-------------------------------------------------|--------------------------------------------|------------------------------------|
| United States Bankruptcy Court for the:         |                                            |                                    |
| Northern District of: Illinois (State)          |                                            |                                    |
| Case number (if known)                          | Chapter you are filing under:              |                                    |
|                                                 | Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

#### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Identify Yourself                        |                                  |                                               |
|--------------------------------------------------|----------------------------------|-----------------------------------------------|
|                                                  | About Debtor 1:                  | About Debtor 2 (Spouse Only in a Joint Case): |
| Your full name                                   | Demetric                         |                                               |
|                                                  | First name                       | First name                                    |
| Write the name that is on your government-issued | R                                |                                               |
| picture identification (for                      | Middle name                      | Middle name                                   |
| example, your driver's license or passport       | Neal                             |                                               |
| licerise of passport                             | Last name                        | Last name                                     |
| Bring your picture identification to your        | Sr<br>Suffix (Sr., Jr., II, III) | Conffice (Conclusion IIIII)                   |
| meeting with the trustee.                        | Suriix (Sr., Jr., II, III)       | Suffix (Sr., Jr., II, III)                    |
| 2. All other names you                           |                                  |                                               |
| have used in the last                            | First name                       | First name                                    |
| 8 years                                          |                                  |                                               |
| Include your married or                          | Middle name                      | Middle name                                   |
| maiden names.                                    | -                                |                                               |
|                                                  | Last name                        | Last name                                     |
|                                                  | First name                       | First name                                    |
|                                                  | i iist iiaiile                   | i list flame                                  |
|                                                  | Middle name                      | Middle name                                   |
|                                                  |                                  |                                               |
|                                                  | Last name                        | Last name                                     |
| 3. Only the last 4 digits                        | XXX - XX- 8061                   | xxx - xx-                                     |
| of your Social                                   |                                  | ****                                          |
| Security number or<br>federal Individual         | OR                               | OR                                            |
| Taxpayer<br>Identification number                | 9 xx - xx-                       | 9 xx - xx-                                    |
| (ITIN)                                           |                                  |                                               |

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 2 of 68

| Debtor 1 Demetric First Name                                 | R Neal Middle Name Last Name                                                                                                                               | Case number (if known)                                          |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
|                                                              | About Debtor 1:                                                                                                                                            | About Debtor 2 (Spouse Only in a Joint Case):                   |
| 4. Any business names and Employer                           | I have not used any business names or EINs.                                                                                                                | I have not used any business names or EINs.                     |
| Identification<br>Numbers (EIN) you<br>have used in the last | Business name                                                                                                                                              | Business name                                                   |
| 8 years                                                      | Business name                                                                                                                                              | Business name                                                   |
| Include trade names and doing business as names              | EIN                                                                                                                                                        | EIN                                                             |
|                                                              | EIN                                                                                                                                                        | EIN                                                             |
| 5. Where you live                                            | 17606 Surroy Long                                                                                                                                          | If Debtor 2 lives at a different address:                       |
|                                                              | 17606 Surrey Lane Number Street                                                                                                                            | Number Street                                                   |
|                                                              | Hazel Crest Illinois 60429 City State Zip Code                                                                                                             | City State Zip Code                                             |
|                                                              | Cook                                                                                                                                                       |                                                                 |
|                                                              | County  If your mailing address is different from the one above, fill it in here. Note that the court will send an notices to you at this mailing address. |                                                                 |
|                                                              | Number Street                                                                                                                                              | Number Street                                                   |
|                                                              | City State Zip Code                                                                                                                                        | City State Zip Code                                             |
| 6. Why you are choosing this district                        | Check one:                                                                                                                                                 | Check one:                                                      |
| to file for bankruptcy                                       | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                       |                                                                 |
|                                                              | I have another reason. Explain. (See 28 U.S.C. §§                                                                                                          | 1408.) I have another reason. Explain. (See 28 U.S.C. §§ 1408.) |
|                                                              |                                                                                                                                                            |                                                                 |
|                                                              |                                                                                                                                                            |                                                                 |
|                                                              |                                                                                                                                                            |                                                                 |
|                                                              |                                                                                                                                                            |                                                                 |
|                                                              |                                                                                                                                                            |                                                                 |

### Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 3 of 68

| Debtor 1 Demetric                                                                                                                                   | R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Neal                                                                                                                     |                      | Case number (if kno                                                                       | own)                                                          |                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| First Name                                                                                                                                          | Middle Nan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ne Last Name                                                                                                             |                      |                                                                                           |                                                               |                                                                                                                                                        |
| Part 2: Tell the Court Abo                                                                                                                          | out Your Bankrup                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | tcy Case                                                                                                                 |                      |                                                                                           |                                                               |                                                                                                                                                        |
| <ol> <li>The chapter of the<br/>Bankruptcy Code you<br/>are choosing to file<br/>under</li> </ol>                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | a brief description of each, see<br>n B2010)). Also, go to the top o                                                     |                      |                                                                                           |                                                               | ndividuals Filing for                                                                                                                                  |
| 8. How you will pay the fee                                                                                                                         | <ul> <li>✓ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local coumore details about how you may pay. Typically, if you are paying the fee yourself, you may pay with a cashier's check, or money order If your attorney is submitting your payment on your behalf, your at may pay with a credit card or check with a pre-printed address.</li> <li>☐ I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).</li> <li>☐ I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By judge may, but is not required to, waive your fee, and may do so only if your income is less than 150 the official poverty line that applies to your family size and you are unable to pay the fee in installment you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.</li> </ul> |                                                                                                                          |                      |                                                                                           |                                                               | you may pay with cash, your behalf, your attorney the Application for ag for Chapter 7. By law, a me is less than 150% of the fee in installments). If |
| 9. Have you filed for bankruptcy within the last 8 years?                                                                                           | No.  ✓ Yes. District  District  District                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Northern District of Illinois  Northern District of Illinois  Northern District of Illinois                              | When<br>When<br>When | 1/21/2014<br>MM / DD / YYYY<br>8/13/2014<br>MM / DD / YYYY<br>4/23/2015<br>MM / DD / YYYY | Case number _ Case number _ Case number _                     | 14 01655<br>14-29802<br>15-14413                                                                                                                       |
| 10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Yes. Debtor District Debtor District                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                          | When<br>When         | MM / DD / YYYY                                                                            | Relationship to Case number, i Relationship to Case number, i | f known                                                                                                                                                |
| 11. Do you rent your residence?                                                                                                                     | ✓ No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e 12.  r landlord obtained an evictio  Go to line 12.  Fill out <i>Initial Statement About</i> this bankruptcy petition. |                      |                                                                                           |                                                               |                                                                                                                                                        |

### Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 4 of 68

R Neal Debtor 1 Demetric Case number (if known) Middle Name First Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. **|** For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have **V** No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 5 of 68

 Debtor 1
 Demetric
 R
 Neal
 Case number (if known)

 First Name
 Middle Name
 Last Name

#### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan. Attach a copy of the certificate and the payment plan. The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit ☐ I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you are not eligible to file. I certify that I asked for credit counseling services I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. My physical disability causes me to Disability. My physical disability causes me to Disability. be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 6 of 68

| Debtor 1 Demetric                                                                                                                                                                                         | H Middle Nove                                                                                                                                                                                                                                                                                                                                                                   | Neal                                                                                                                             | Case number                                                                                                         | (if known)                                                          |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|--|
| Part 6: First Name  Answer These Que                                                                                                                                                                      | Middle Name estions for Reporting                                                                                                                                                                                                                                                                                                                                               | Last Name  Purposes                                                                                                              |                                                                                                                     |                                                                     |  |  |
| 16. What kind of debts do you have?                                                                                                                                                                       | 16a. Are your debte "incurred by ar No. Go to ✓ Yes. Go to 16b. Are your debte money for a bu ☐ No. Go to ☐ Yes. Go to ☐ Yes. Go to                                                                                                                                                                                                                                             | s primarily consume in individual primarily filine 16b. Iline 17. s primarily business usiness or investment line 16c. Iline 17. | for a personal, family, or h  debts? <i>Business debts</i> a                                                        | re debts that you incurred to obtain of the business or investment. |  |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | Yes. I am filing un expenses ar                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  |                                                                                                                     | pt property is excluded and administrative secured creditors?       |  |  |
| 18. How many creditors do you estimate that you owe?                                                                                                                                                      | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000                                                                        | ☐ 25,001-50,000<br>☐ 50,001-100,000<br>☐ More than 100,000          |  |  |
| 19. How much do you estimate your assets to be worth?                                                                                                                                                     | \$0-\$50,000<br>\$50,001-\$100,0<br>\$100,001-\$500<br>\$500,001-\$1 mi                                                                                                                                                                                                                                                                                                         | 000                                                                                                                              | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 millio<br>\$100,000,001-\$500 milli     | n \$10,000,000,001-\$50 billion                                     |  |  |
| 20. How much do you<br>estimate your<br>liabilities to be?                                                                                                                                                | \$0-\$50,000<br>\$50,001-\$100,0<br>\$100,001-\$500<br>\$500,001-\$1 mi                                                                                                                                                                                                                                                                                                         | 000                                                                                                                              | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 millio<br>\$100,000,001-\$500 milli     | n \$10,000,000,001-\$50 billion                                     |  |  |
| Part 7: Sign Below                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  |                                                                                                                     |                                                                     |  |  |
| For you                                                                                                                                                                                                   | correct.  If I have chosen to fi of title 11, United St under Chapter 7.  If no attorney repres out this document, I                                                                                                                                                                                                                                                            | le under Chapter 7, I a<br>ates Code. I understa<br>ents me and I did not<br>have obtained and re                                | am aware that I may proce<br>and the relief available und<br>pay or agree to pay some<br>and the notice required by |                                                                     |  |  |
|                                                                                                                                                                                                           | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |                                                                                                                                  |                                                                                                                     |                                                                     |  |  |
|                                                                                                                                                                                                           | /s/ Demetric Ne                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                  | Signat                                                                                                              | ure of Debtor 2                                                     |  |  |
|                                                                                                                                                                                                           | Executed on _                                                                                                                                                                                                                                                                                                                                                                   | 12/12/2017<br>MM / DD / YYYY                                                                                                     | · ·                                                                                                                 | uted on                                                             |  |  |

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 7 of 68

| Debtor 1 Demetric                                | R                          | Neal                  | Case number (i              | fknown)                                                                                                                  |
|--------------------------------------------------|----------------------------|-----------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------|
| First Name                                       | Middle Name                | Last Name             |                             |                                                                                                                          |
| For your attorney, if you are represented by one | eligibility to proceed und | der Chapter 7, 11, 1  | 2, or 13 of title 11, Unite | nave informed the debtor(s) about<br>ed States Code, and have explained the<br>also certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ  | ired by 11 U.S.C. §   | 342(b) and, in a case in    | which § 707(b)(4)(D) applies, certify that I                                                                             |
| represented by an                                | have no knowledge after    | r an inquiry that the | information in the sched    | dules filed with the petition is incorrect.                                                                              |
| attorney, you do not                             |                            |                       |                             | ·                                                                                                                        |
| need to file this page.                          | /s/ Michael Miller         |                       | Date _                      | 12/12/2017                                                                                                               |
|                                                  | Signature of Attorney f    | for Debtor            |                             | MM / DD / YYYY                                                                                                           |
|                                                  |                            |                       |                             |                                                                                                                          |
|                                                  |                            |                       |                             |                                                                                                                          |
|                                                  | Michael Miller             |                       |                             |                                                                                                                          |
|                                                  | Printed name               |                       |                             |                                                                                                                          |
|                                                  | Semrad Law Firm            |                       |                             |                                                                                                                          |
|                                                  | Firm name                  |                       |                             |                                                                                                                          |
|                                                  | 20 S. Clark Street         |                       |                             |                                                                                                                          |
|                                                  | Street                     |                       |                             |                                                                                                                          |
|                                                  | 28th Floor                 |                       |                             |                                                                                                                          |
|                                                  |                            |                       |                             |                                                                                                                          |
|                                                  | Chicago                    |                       | Illinois                    | 60603                                                                                                                    |
|                                                  | City                       |                       | State                       | Zip Code                                                                                                                 |
|                                                  |                            |                       |                             |                                                                                                                          |
|                                                  | Contact phone              | 3122568728            | Email address               | mmiller@semradlaw.com                                                                                                    |
|                                                  |                            |                       |                             |                                                                                                                          |
|                                                  |                            |                       | Illinoi                     | S                                                                                                                        |
|                                                  | Bar number                 |                       | State                       |                                                                                                                          |

### Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 8 of 68

| Fill in this information to identify your case: |                           |             |                      |  |  |  |  |
|-------------------------------------------------|---------------------------|-------------|----------------------|--|--|--|--|
| Debtor 1                                        | Demetric                  | R           | Neal                 |  |  |  |  |
|                                                 | First Name                | Middle Name | Last Name            |  |  |  |  |
| Debtor 2                                        |                           |             |                      |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name            |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois |  |  |  |  |
|                                                 |                           |             | (State)              |  |  |  |  |
| Case number<br>(If known)                       |                           |             |                      |  |  |  |  |

| Check if this is an |
|---------------------|
| amended filing      |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/1

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Part 1: Summarize Your Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Your assets<br>Value of what you own |
| . Schedule A/B: Property (Official Form 106A/B)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$1,500.00                           |
| 1a. Copy line 55, Total real estate, from Schedule A/B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                      |
| 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | \$5,758.00                           |
| 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$7,258.00                           |
| Part 2: Summarize Your Liabilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Your liabilities<br>Amount you owe   |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$9,000.00                           |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$0.00                               |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$36,227.00                          |
| Your total liabilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$45,227.00                          |
| Part 3: Summarize Your Income and Expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |
| 4. Schedule I: Your Income (Official Form 106I)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                      |
| To de la contra | \$2,810.38                           |
| Copy your combined monthly income from line 12 of Schedule I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |
| Copy your combined monthly income from line 12 of <i>Schedule I</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$2,835.00                           |

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 9 of 68

| Debt   | _                        | Demetric                                                    | R                                        | Neal                                 | Case number (if known)                                                                                                         |            |
|--------|--------------------------|-------------------------------------------------------------|------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|------------|
| Part 4 |                          | irst Name<br>Inswer These Question                          | Middle Name  ns for Administrati         | Last Name<br>ive and Statistical Red | cords                                                                                                                          |            |
|        | No.                      |                                                             |                                          |                                      | bmit this form to the court with your other sche                                                                               | dules.     |
|        | u <sub>fam</sub><br>□ Yo | nily, or household purpose.                                 | 11 U.S.C. § 101(8). F consumer debts. Yo | ill out lines 8-10 for statisti      | ed by an individual primarily for a personal, cal purposes. 28 U.S.C. § 159.  n this part of the form. Check this box and subr | nit        |
|        |                          | he Statement of Your Cui<br>22A-1 Line 11; <b>OR</b> , Form | •                                        | . , ,                                | monthly income from Official                                                                                                   | \$3,401.85 |
| 9.     | Сору                     | the following special cat                                   | egories of claims fro                    | m Part 4, line 6 of Sched            | lule E/F:                                                                                                                      |            |
|        | From                     | Part 4 on Schedule E/F,                                     | copy the following:                      |                                      | Total claim                                                                                                                    |            |
|        | 9a. D                    | omestic support obligations                                 | (Copy line 6a.)                          |                                      | \$0.00                                                                                                                         |            |
|        | 9b. Ta                   | axes and certain other debts                                | s you owe the governm                    | nent. (Copy line 6b.)                | \$0.00                                                                                                                         |            |
|        | 9c. Cl                   | laims for death or personal i                               | njury while you were ir                  | ntoxicated. (Copy line 6c.)          | \$0.00                                                                                                                         |            |
|        | 9d. St                   | tudent loans. (Copy line 6f.)                               | )                                        |                                      | \$0.00                                                                                                                         |            |
|        |                          | bligations arising out of a so<br>y claims. (Copy line 6g.) | eparation agreement o                    | r divorce that you did not r         | eport as \$0.00                                                                                                                |            |
|        | 9f. De                   | ebts to pension or profit-sha                               | aring plans, and other                   | similar debts. (Copy line 6h         | \$0.00                                                                                                                         |            |

\$0.00

9g. Total. Add lines 9a through 9f.

### Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 10 of 68

| Fill in this                           | information to identif                                                          | y your case:                                                                                                                       |                                                 |                                                                                        |                                    |                                                                                                                                                |                                                                 |
|----------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Debtor 1                               | Demetric                                                                        | R                                                                                                                                  |                                                 | Neal                                                                                   |                                    |                                                                                                                                                |                                                                 |
|                                        | First Name                                                                      | Middle                                                                                                                             | Name                                            | Last Name                                                                              |                                    |                                                                                                                                                |                                                                 |
| Debtor 2<br>(Spouse, if fil            | ing) First Name                                                                 | Middle                                                                                                                             | Name                                            | Last Name                                                                              |                                    |                                                                                                                                                |                                                                 |
| United Sta                             | ates Bankruptcy Court                                                           | for the: Northern                                                                                                                  | Di                                              | strict of Illinois (State)                                                             | _                                  |                                                                                                                                                |                                                                 |
| Case num<br>(If known)                 | ber                                                                             |                                                                                                                                    |                                                 | (Otate)                                                                                |                                    |                                                                                                                                                |                                                                 |
| Officia                                | l Form 106A                                                                     | <u>/B</u>                                                                                                                          |                                                 |                                                                                        |                                    |                                                                                                                                                | Check if this is an amended filing                              |
| Sched                                  | dule A/B: Pi                                                                    | roperty                                                                                                                            |                                                 |                                                                                        |                                    |                                                                                                                                                | 12/1                                                            |
| category v<br>responsibl<br>write your | where you think it fits<br>e for supplying corre<br>name and case num           | st and describe items. Les best. Be as complete a<br>cot information. If more<br>clober (if known). Answer desidence, Building, La | and accurate<br>space is need<br>every question | as possible. If two marı<br>ed, attach a separate s<br>ı.                              | ried people ar<br>sheet to this fo | e filing together, both a<br>orm. On the top of any a                                                                                          | re equally                                                      |
| 1. Do you                              | own or have any leg                                                             | gal or equitable interest                                                                                                          | in any reside                                   | nce, building, land, or s                                                              | similar proper                     | ty?                                                                                                                                            |                                                                 |
|                                        | No. Go to Part 2                                                                |                                                                                                                                    |                                                 |                                                                                        |                                    |                                                                                                                                                |                                                                 |
| 1.1                                    | Yes. Where is the property?  Street address, if available, or other description |                                                                                                                                    | - Single-fa                                     | property? Check all tha                                                                | t apply.                           | Do not deduct secured claims or exemptions. P<br>the amount of any secured claims on Schedule<br>Creditors Who Have Claims Secured by Property |                                                                 |
|                                        | Westgate Resort Number Street Time Share                                        |                                                                                                                                    | Condon                                          | or multi-unit building<br>ninium or cooperative<br>ctured or mobile home               |                                    | Current value of the entire property?<br>\$3000.00                                                                                             | Current value of the portion you own?<br>\$1500.00              |
|                                        | Orlando Florio City State  Orange County                                        | la 32801<br>Zip Code                                                                                                               | Timesha                                         | ent property<br>are                                                                    |                                    | Describe the nature or interest (such as fee sthe entireties, or a life                                                                        | imple, tenancy by                                               |
|                                        | County                                                                          |                                                                                                                                    | Other_                                          | interest in the present                                                                | — Chaole                           | Check if this is co                                                                                                                            | mmunity property                                                |
|                                        |                                                                                 |                                                                                                                                    | one.  Debtor 1  Debtor 2                        | only and Debtor 2 only                                                                 |                                    | (see instructions)                                                                                                                             |                                                                 |
|                                        |                                                                                 |                                                                                                                                    | Other infor                                     | one of the debtors and a<br>mation you wish to add<br>entification                     |                                    | em, such as local                                                                                                                              |                                                                 |
| If you                                 | own or have more tha                                                            | n one, list here:                                                                                                                  |                                                 | property? Check all tha                                                                | t apply.                           |                                                                                                                                                | claims or exemptions. Put red claims on <i>Schedule D</i> :     |
| 1.2                                    | Street address, if avail                                                        | able, or other description                                                                                                         | Duplex of Condon                                | amily home<br>or multi-unit building<br>ninium or cooperative<br>ctured or mobile home |                                    |                                                                                                                                                | ims Secured by Property.  Current value of the portion you own? |
|                                        | Number Street  City Sta                                                         | ate Zip Code                                                                                                                       | Land Investm Timesha                            | ent property<br>re                                                                     | _                                  | Describe the nature or interest (such as fee s the entireties, or a life                                                                       | imple, tenancy by                                               |
|                                        |                                                                                 |                                                                                                                                    | Who has ar one.                                 | interest in the propert                                                                | ry? Check                          | Check if this is co (see instructions)                                                                                                         | mmunity property                                                |
|                                        |                                                                                 |                                                                                                                                    | Debtor 2                                        | only                                                                                   |                                    |                                                                                                                                                |                                                                 |
|                                        |                                                                                 |                                                                                                                                    |                                                 | and Debtor 2 only<br>one of the debtors and a                                          | nother                             |                                                                                                                                                |                                                                 |
|                                        |                                                                                 |                                                                                                                                    |                                                 | mation you wish to add<br>entification number:                                         | about this ite                     | em, such as local                                                                                                                              |                                                                 |

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 11 of 68

| Debtor 1 Deme            |                                         | Neal Case numb                                                                                                                                  | oer (if known)                                                          |                                                                                                                                  |
|--------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| First N                  | ame Middle N                            | ame Last Name                                                                                                                                   |                                                                         |                                                                                                                                  |
| Street add               | ress, if available, or other descriptic | what is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative                        | the amount of any secu                                                  | claims or exemptions. Put<br>ured claims on Schedule D:<br>aims Secured by Property.<br>Current value of the<br>portion you own? |
| Number<br>City           | Street State Zip Code                   | Manufactured or mobile home Land Investment property Other                                                                                      | Describe the nature o interest (such as fee s the entireties, or a life | of your ownership simple, tenancy by                                                                                             |
|                          |                                         | Who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Check if this is co<br>(see instructions)                               | ommunity property                                                                                                                |
| 2 Add the d              | ollar value of the portion you on       | Other information you wish to add about this iten<br>property identification number:                                                            |                                                                         |                                                                                                                                  |
|                          | ribe Your Vehicles                      | terest in any vehicles, whether they are registered or                                                                                          | not2 Include any vehicles                                               |                                                                                                                                  |
| u own that so            |                                         | chicle, also report it on Schedule G: Executory Contracts an                                                                                    |                                                                         |                                                                                                                                  |
| 3.1 Make<br>Mod<br>Year: | əl:                                     | Who has an interest in the property? Check one.  Debtor 1 only                                                                                  | the amount of any seco                                                  | I claims or exemptions. Put<br>ured claims on <i>Schedule D</i><br>laims Secured by Property.                                    |
|                          | oximate mileage: r information:         | Debtor 2 only Debtor 1 and Debtor 2 only  At least one of the debtors and another                                                               | Current value of the entire property?                                   | Current value of the portion you own?                                                                                            |
|                          |                                         | Check if this is community property (see instructions)                                                                                          |                                                                         |                                                                                                                                  |
| 3.2 Make<br>Mod<br>Year: | el:                                     | Who has an interest in the property? Check one. Debtor 1 only                                                                                   | the amount of any seco                                                  | l claims or exemptions. Put<br>ured claims on <i>Schedule D</i><br><i>laims Secured by Property.</i>                             |
|                          | oximate mileage: r information:         | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another                                                                | Current value of the entire property?                                   | Current value of the portion you own?                                                                                            |
|                          |                                         | Check if this is community property (see instructions)                                                                                          |                                                                         |                                                                                                                                  |

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 12 of 68

| otor 1 | Demetric                                                                                                                                      | R           | Neal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Case numbe                                                                        | er (if known)                                                                                                                                                                                                             |                                                                                                                                                                                        |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | First Name                                                                                                                                    | Middle Name | Last Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                   |                                                                                                                                                                                                                           |                                                                                                                                                                                        |
| 3.3    | Make                                                                                                                                          |             | Who has an interest in the prop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | erty? Check                                                                       | Do not deduct secured                                                                                                                                                                                                     |                                                                                                                                                                                        |
|        | Model:                                                                                                                                        |             | one.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   | the amount of any secu                                                                                                                                                                                                    |                                                                                                                                                                                        |
|        | Year:                                                                                                                                         |             | Debtor 1 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   | Creditors Who Have Cla                                                                                                                                                                                                    | nims Secured by Property                                                                                                                                                               |
|        | Approximate mileage:                                                                                                                          |             | Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   | Current value of the                                                                                                                                                                                                      | Current value of the                                                                                                                                                                   |
|        | Other information:                                                                                                                            |             | Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   | entire property?                                                                                                                                                                                                          | portion you own?                                                                                                                                                                       |
|        |                                                                                                                                               |             | At least one of the debtors and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | danother                                                                          |                                                                                                                                                                                                                           |                                                                                                                                                                                        |
|        |                                                                                                                                               |             | Check if this is community p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                   |                                                                                                                                                                                                                           |                                                                                                                                                                                        |
|        |                                                                                                                                               |             | instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | oroperty (see                                                                     |                                                                                                                                                                                                                           |                                                                                                                                                                                        |
|        |                                                                                                                                               |             | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                   |                                                                                                                                                                                                                           |                                                                                                                                                                                        |
| 3.4    | Make                                                                                                                                          |             | Who has an interest in the prop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | erty? Check                                                                       |                                                                                                                                                                                                                           | claims or exemptions. P                                                                                                                                                                |
|        | Model:<br>Year:                                                                                                                               |             | one.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                   | the amount of any secu                                                                                                                                                                                                    | ired claims on <i>Scriedule</i><br>aims Secured by Property                                                                                                                            |
|        | Approximate mileage:                                                                                                                          | <del></del> | Debtor 1 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   | Creations vino mave old                                                                                                                                                                                                   | ums occurred by moperty                                                                                                                                                                |
|        | Approximate mileage.                                                                                                                          |             | Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                   | Current value of the                                                                                                                                                                                                      | Current value of the                                                                                                                                                                   |
|        | Other information:                                                                                                                            |             | Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   | entire property?                                                                                                                                                                                                          | portion you own?                                                                                                                                                                       |
|        |                                                                                                                                               |             | At least one of the debtors and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | d another                                                                         |                                                                                                                                                                                                                           |                                                                                                                                                                                        |
|        |                                                                                                                                               |             | Check if this is community p                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | property (see                                                                     |                                                                                                                                                                                                                           |                                                                                                                                                                                        |
|        |                                                                                                                                               |             | Check if this is community                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                                                                                                                                                                                                                           |                                                                                                                                                                                        |
| Exar   |                                                                                                                                               |             | instructions)  er recreational vehicles, other vehicles, inchanged the second services of the second services of the second second services of the second se | icles, and acce                                                                   |                                                                                                                                                                                                                           |                                                                                                                                                                                        |
| Exar   | nples: Boats, trailers, motors<br>No<br>Yes<br>Make                                                                                           |             | instructions)  er recreational vehicles, other vehicles, instructions, motor, fishing vessels, snowmobiles, fishing vessels, fishi | icles, and acce                                                                   | Do not deduct secured                                                                                                                                                                                                     |                                                                                                                                                                                        |
| Exar   | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:                                                                                 |             | who has an interest in the propone.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | icles, and acce                                                                   | Do not deduct secured the amount of any secu                                                                                                                                                                              | red claims on <i>Schedule</i>                                                                                                                                                          |
| Exar   | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:                                                                        |             | instructions) er recreational vehicles, other vehicles, instructional vehicles, other vehicles, motor in the proportion one.  Debtor 1 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | icles, and acce                                                                   | Do not deduct secured the amount of any secu                                                                                                                                                                              | claims or exemptions. P<br>ired claims on <i>Schedule</i><br>iims Secured by Property                                                                                                  |
| Exar   | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:                                                                                 |             | who has an interest in the propone.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | icles, and acce                                                                   | Do not deduct secured the amount of any secu Creditors Who Have Cla                                                                                                                                                       | red claims on Schedule hims Secured by Property  Current value of the                                                                                                                  |
| Exar   | nples: Boats, trailers, motors<br>No<br>Yes<br>Make<br>Model:<br>Year:                                                                        |             | instructions) er recreational vehicles, other vehicles, instructional vehicles, other vehicles, motor in the proportion one.  Debtor 1 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | icles, and acce                                                                   | Do not deduct secured the amount of any secu Creditors Who Have Cla                                                                                                                                                       | red claims on Schedule<br>iims Secured by Property                                                                                                                                     |
| Exar   | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:                                                            |             | who has an interest in the propone.  Debtor 1 only Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | icles, and acce<br>rcycle accessorie<br>erty? Check                               | Do not deduct secured the amount of any secu Creditors Who Have Cla                                                                                                                                                       | red claims on Schedule hims Secured by Property  Current value of the                                                                                                                  |
| Exar   | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:                                                            |             | who has an interest in the propone.  Debtor 1 only Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | icles, and acce<br>rcycle accessorie<br>erty? Check                               | Do not deduct secured the amount of any secu Creditors Who Have Cla                                                                                                                                                       | red claims on Schedule hims Secured by Property  Current value of the                                                                                                                  |
| Exar   | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:                                                            |             | who has an interest in the propone.  Debtor 1 only Debtor 2 only At least one of the debtors and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | icles, and acce<br>rcycle accessorie<br>erty? Check                               | Do not deduct secured the amount of any secu Creditors Who Have Cla                                                                                                                                                       | red claims on Schedule hims Secured by Property  Current value of the                                                                                                                  |
| 4.1    | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:                                        |             | instructions)  er recreational vehicles, other vehic, fishing vessels, snowmobiles, motor  Who has an interest in the propone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community prinstructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | icles, and acce<br>rcycle accessorie<br>erty? Check<br>d another<br>property (see | Do not deduct secured the amount of any secu Creditors Who Have Cla                                                                                                                                                       | red claims on Schedule hims Secured by Property  Current value of the portion you own?                                                                                                 |
| 4.1    | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:                                                            |             | who has an interest in the propone.  Debtor 1 only Debtor 2 only At least one of the debtors and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | icles, and acce<br>rcycle accessorie<br>erty? Check<br>d another<br>property (see | Do not deduct secured the amount of any secu Creditors Who Have Cla                                                                                                                                                       | red claims on Schedule hims Secured by Property  Current value of the portion you own?  claims or exemptions. P                                                                        |
| 4.1    | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:                                        |             | instructions)  er recreational vehicles, other vehict, fishing vessels, snowmobiles, motor  Who has an interest in the propone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and check if this is community prinstructions)  Who has an interest in the prop                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | icles, and acce<br>rcycle accessorie<br>erty? Check<br>d another<br>property (see | Do not deduct secured the amount of any secu Creditors Who Have Clas  Current value of the entire property?  Do not deduct secured the amount of any secu                                                                 | red claims on Schedule hims Secured by Property  Current value of the portion you own?  claims or exemptions. P                                                                        |
| 4.1    | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:                          |             | instructions)  er recreational vehicles, other vehict, fishing vessels, snowmobiles, motor one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and instructions)  Who has an interest in the propone.  Debtor 1 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | icles, and acce<br>rcycle accessorie<br>erty? Check<br>d another<br>property (see | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classifications                     | red claims on Schedule hims Secured by Property  Current value of the portion you own?  claims or exemptions. P tred claims on Schedule hims Secured by Property                       |
| 4.1    | nples: Boats, trailers, motors  No  Yes  Make  Model: Year: Approximate mileage:  Other information:  Make  Model: Year: Approximate mileage: |             | instructions)  er recreational vehicles, other vehict, fishing vessels, snowmobiles, motor  Who has an interest in the propone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this is community prinstructions)  Who has an interest in the propone.  Debtor 1 only Debtor 2 only Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | icles, and acce<br>rcycle accessorie<br>erty? Check<br>d another<br>property (see | Do not deduct secured the amount of any secu Creditors Who Have Clas  Current value of the entire property?  Do not deduct secured the amount of any secu                                                                 | red claims on Schedule hims Secured by Property  Current value of the portion you own?  claims or exemptions. P                                                                        |
| 4.1    | nples: Boats, trailers, motors  No  Yes  Make  Model:  Year:  Approximate mileage:  Other information:  Make  Model:  Year:                   |             | instructions)  er recreational vehicles, other vehich, fishing vessels, snowmobiles, motor with the propone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and check if this is community prinstructions)  Who has an interest in the propone. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | icles, and accercycle accessorie erty? Check d another property (see erty? Check  | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | red claims on Schedule hims Secured by Property  Current value of the portion you own?  claims or exemptions. P ared claims on Schedule hims Secured by Property  Current value of the |
| 4.1    | nples: Boats, trailers, motors  No  Yes  Make  Model: Year: Approximate mileage:  Other information:  Make  Model: Year: Approximate mileage: |             | instructions)  er recreational vehicles, other vehic, fishing vessels, snowmobiles, motor with the propone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and instructions)  Who has an interest in the propone. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and instructions)  Who has an interest in the propone. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | icles, and accercycle accessorie erty? Check d another property (see erty? Check  | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | red claims on Schedule hims Secured by Property  Current value of the portion you own?  claims or exemptions. P ared claims on Schedule hims Secured by Property  Current value of the |
| 4.1    | nples: Boats, trailers, motors  No  Yes  Make  Model: Year: Approximate mileage:  Other information:  Make  Model: Year: Approximate mileage: |             | instructions)  er recreational vehicles, other vehich, fishing vessels, snowmobiles, motor with the propone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and check if this is community prinstructions)  Who has an interest in the propone. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | icles, and accercycle accessorie erty? Check d another property (see erty? Check  | Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the entire property?  Do not deduct secured the amount of any secu Creditors Who Have Classification Current value of the | red claims on Schedule hims Secured by Property  Current value of the portion you own?  claims or exemptions. P ared claims on Schedule hims Secured by Property  Current value of the |

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 13 of 68

| De       | ebtor 1                  | Demetric<br>First Name            | R<br>Middle Name                                                                        | Neal<br>Last Name               | Case number (if known)              |                                                                                    |
|----------|--------------------------|-----------------------------------|-----------------------------------------------------------------------------------------|---------------------------------|-------------------------------------|------------------------------------------------------------------------------------|
| Pa       | rt 3:                    | Describe Y                        | our Personal and Household                                                              |                                 |                                     |                                                                                    |
| D        | o you                    | own or hav                        | e any legal or equitable inter                                                          | est in any of the followi       | ing items?                          | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|          |                          | _                                 | and furnishings<br>liances, fumiture, linens, china, kitch                              | nenware                         |                                     |                                                                                    |
|          | No<br>Yes. [             | Describe                          |                                                                                         |                                 |                                     |                                                                                    |
|          |                          | tronics                           |                                                                                         |                                 |                                     |                                                                                    |
|          | Examp<br>No              | iles: Television                  | s and radios; audio, video, stereo, a                                                   | ına algıtal equipment; compt    | iters, printers, scanners; music    |                                                                                    |
| <b>✓</b> | Yes. [                   | Describe                          | Used Electronics - 2 Cell Phone                                                         |                                 |                                     | \$300.00                                                                           |
|          |                          | •                                 | ue<br>and figurines; paintings, prints, or ot<br>in, or baseball card collections; othe |                                 |                                     |                                                                                    |
| ✓        | No<br>Yes. [             | Describe                          |                                                                                         |                                 |                                     |                                                                                    |
| _        | Fauir                    | oment for sno                     | rts and hobbies                                                                         |                                 |                                     |                                                                                    |
|          |                          | les: Sports, ph                   | notographic, exercise, and other hobes; carpentry tools; musical instrume               |                                 | ol tables, golf clubs, skis; canoes |                                                                                    |
| <b>✓</b> | No                       |                                   |                                                                                         |                                 |                                     | 1                                                                                  |
| Ш        | Yes. L                   | Describe                          |                                                                                         |                                 |                                     | ·                                                                                  |
|          | <b>0. Fire</b><br>Examp  |                                   | es, shotguns, ammunition, and rela                                                      | ated equipment                  |                                     |                                                                                    |
| <b>✓</b> | No                       |                                   |                                                                                         |                                 |                                     |                                                                                    |
|          | Yes. [                   | Describe                          |                                                                                         |                                 |                                     |                                                                                    |
|          | <b>1. Clo</b> f<br>Examp |                                   | clothes, furs, leather coats, designer                                                  | wear, shoes, accessories        |                                     |                                                                                    |
|          | No                       |                                   |                                                                                         |                                 |                                     |                                                                                    |
| ✓        | Yes. [                   | Describe                          | Used Clothing                                                                           |                                 |                                     | \$450.00                                                                           |
|          |                          | -                                 | ewelry, costume jewelry, engageme<br>er                                                 | ent rings, wedding rings, heirl | loom jewelry, watches, gems,        |                                                                                    |
| 띨        | No<br>Voc. 1             | )<br>Occaribo                     |                                                                                         |                                 |                                     | 1                                                                                  |
| Ш        | 162. L                   | Describe                          |                                                                                         |                                 |                                     |                                                                                    |
|          |                          | n-farm animal<br>bles: Dogs, cats | s, birds, horses                                                                        |                                 |                                     |                                                                                    |
| ✓        | No                       |                                   |                                                                                         |                                 |                                     |                                                                                    |
|          | Yes. [                   | Describe                          |                                                                                         |                                 |                                     |                                                                                    |
| _        | <b>4. Any</b><br>No      | other person                      | nal and household items you did r                                                       | not already list, including a   | any health aids you did not list    |                                                                                    |
| 뇓        |                          | Describe                          |                                                                                         |                                 |                                     |                                                                                    |
| Ц        |                          |                                   |                                                                                         |                                 |                                     |                                                                                    |
|          |                          |                                   | lue of all of your entries from Pa                                                      | rt 3, including any entries     | for pages you have attached         | \$750.00                                                                           |

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 14 of 68

| Debt   | tor 1 Demetric                                  |                                                                              | Neal                        | Case number (if known)                                    |                                                                                    |
|--------|-------------------------------------------------|------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------|
|        | First Name                                      | Middle Name                                                                  | Last Name                   |                                                           |                                                                                    |
| Part 4 | 4: Describe Your                                | Financial Assets                                                             |                             |                                                           |                                                                                    |
| Doy    | you own or have ar                              | ny legal or equitable interest                                               | in any of the following     | y?                                                        | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
| 16.    |                                                 |                                                                              |                             |                                                           |                                                                                    |
| E      | <b>✓</b> No                                     | ave in your wallet, in your home, ir                                         | ·                           |                                                           |                                                                                    |
|        |                                                 |                                                                              |                             | Cash:                                                     |                                                                                    |
| 17.    | Examples: Checking, s                           | savings, or other financial accounts<br>nstitutions. If you have multiple ac |                             | res in credit unions, brokerage houses, ution, list each. |                                                                                    |
|        | ✓ Yes                                           |                                                                              | Institution name:           |                                                           |                                                                                    |
|        |                                                 | 17.1. Checking account:                                                      | Bank of America             |                                                           | \$90.00                                                                            |
|        |                                                 | 17.2. Checking account:                                                      |                             |                                                           |                                                                                    |
|        |                                                 | 17.3. Savings account:                                                       |                             |                                                           |                                                                                    |
|        |                                                 | 17.4. Savings account:                                                       |                             |                                                           |                                                                                    |
|        |                                                 | 17.5. Certificates of deposit:                                               |                             |                                                           |                                                                                    |
|        |                                                 | 17.6. Other financial account:                                               |                             |                                                           |                                                                                    |
|        |                                                 | 17.7. Other financial account:                                               |                             |                                                           |                                                                                    |
|        |                                                 | 17.8. Other financial account:                                               |                             |                                                           |                                                                                    |
|        |                                                 | 17.9. Other financial account:                                               |                             |                                                           |                                                                                    |
| 18.    |                                                 | , or publicly traded stocks<br>s, investment accounts with broke             | rage firms, money market ac | ecounts                                                   |                                                                                    |
|        | ✓ No  Yes                                       | Institution or issuer name:                                                  |                             |                                                           |                                                                                    |
|        |                                                 |                                                                              |                             |                                                           |                                                                                    |
|        |                                                 |                                                                              |                             |                                                           |                                                                                    |
| 19.    | an LLC, partnership,                            |                                                                              | ted and unincorporated b    | ousinesses, including an interest in                      |                                                                                    |
|        | ✓ No  Yes. Give specific information about them |                                                                              |                             | % of ownership:                                           |                                                                                    |
|        | шып                                             |                                                                              |                             |                                                           |                                                                                    |
|        |                                                 |                                                                              |                             |                                                           |                                                                                    |

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 15 of 68

| Debt | tor 1 Demetric                                                                              | R                                                                                      | Neal                       | Case number (if known)                      |  |
|------|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------|---------------------------------------------|--|
|      | First Name                                                                                  | Middle Name                                                                            | Last Name                  |                                             |  |
| 20.  | Government and corp Negotiable instruments Non-negotiable instrum  No No Yes. Give specific |                                                                                        |                            |                                             |  |
|      | information about them                                                                      | Issuer name:                                                                           |                            |                                             |  |
| 01   | Datinament ou nousieu                                                                       |                                                                                        |                            |                                             |  |
| 21.  |                                                                                             |                                                                                        | ), thrift savings accounts | s, or other pension or profit-sharing plans |  |
|      | ✓ No  Yes. List each                                                                        | Type of account:                                                                       | Institution name:          |                                             |  |
|      | account separately.                                                                         | 401(k) or similar plan:                                                                |                            |                                             |  |
|      | ooparatoly.                                                                                 | Pension plan:                                                                          |                            |                                             |  |
|      |                                                                                             | IRA:                                                                                   |                            |                                             |  |
|      |                                                                                             | Retirement account:                                                                    |                            |                                             |  |
|      |                                                                                             | Keogh:                                                                                 |                            |                                             |  |
|      |                                                                                             | Additional account:                                                                    |                            |                                             |  |
|      |                                                                                             | Additional account:                                                                    |                            |                                             |  |
| 22.  |                                                                                             | prepayments<br>d deposits you have made so that<br>with landlords, prepaid rent, publi |                            |                                             |  |
|      | Yes                                                                                         | Electric:                                                                              |                            |                                             |  |
|      |                                                                                             | Gas:                                                                                   |                            |                                             |  |
|      |                                                                                             | Heating oil:                                                                           |                            |                                             |  |
|      |                                                                                             | Security deposit on rental unit:                                                       |                            |                                             |  |
|      |                                                                                             | Prepaid rent:                                                                          |                            |                                             |  |
|      |                                                                                             | Telephone:                                                                             |                            |                                             |  |
|      |                                                                                             | Water:                                                                                 |                            |                                             |  |
|      |                                                                                             | Rented furniture:                                                                      |                            |                                             |  |
|      |                                                                                             | Other:                                                                                 |                            |                                             |  |
| 23.  | Annuities (A contract fo                                                                    | or a periodic payment of money to                                                      | you, either for life or fo | r a number of years)                        |  |
|      | V No Yes                                                                                    | Issuer name and description:                                                           |                            |                                             |  |
|      |                                                                                             |                                                                                        |                            |                                             |  |
|      |                                                                                             |                                                                                        |                            |                                             |  |
|      |                                                                                             |                                                                                        |                            |                                             |  |

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 16 of 68

| Debto | r 1 Demetric                                                                                                                   | R                                                                                                                                                                                                                             | Neal                                                                           | Case number (if known)                                                                      |                                                                                                       |
|-------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
|       | First Name                                                                                                                     | Middle I                                                                                                                                                                                                                      |                                                                                |                                                                                             |                                                                                                       |
| 24.   |                                                                                                                                | n education IRA, in an acc<br>530(b)(1), 529A(b), and 529(                                                                                                                                                                    |                                                                                | under a qualified state tuition program.                                                    |                                                                                                       |
|       | ✓ No  Yes                                                                                                                      | Institution name and descrip                                                                                                                                                                                                  | otion. Separately file the records of any ir                                   | nterests.11 U.S.C. § 521(c):                                                                |                                                                                                       |
|       |                                                                                                                                |                                                                                                                                                                                                                               |                                                                                |                                                                                             |                                                                                                       |
|       |                                                                                                                                |                                                                                                                                                                                                                               |                                                                                |                                                                                             |                                                                                                       |
| 25.   |                                                                                                                                | able or future interests in p<br>or your benefit                                                                                                                                                                              | property (other than anything listed in                                        | n line 1), and rights or powers                                                             |                                                                                                       |
|       | ✓ No  Yes. Desc                                                                                                                | ribe                                                                                                                                                                                                                          |                                                                                |                                                                                             |                                                                                                       |
|       |                                                                                                                                |                                                                                                                                                                                                                               |                                                                                |                                                                                             |                                                                                                       |
| 26.   |                                                                                                                                |                                                                                                                                                                                                                               | secrets, and other intellectual propers, proceeds from royalties and licensing |                                                                                             |                                                                                                       |
|       | <b>✓</b> No                                                                                                                    |                                                                                                                                                                                                                               |                                                                                |                                                                                             |                                                                                                       |
|       | Yes. Desc                                                                                                                      | ribe                                                                                                                                                                                                                          |                                                                                |                                                                                             |                                                                                                       |
| 27.   |                                                                                                                                | nchises, and other general                                                                                                                                                                                                    | =                                                                              |                                                                                             |                                                                                                       |
|       | No No                                                                                                                          | iding permits, exclusive licen                                                                                                                                                                                                | ses, cooperative association holdings, lic                                     | quor licenses, protessional licenses                                                        |                                                                                                       |
|       | Yes. Desc                                                                                                                      | ribe                                                                                                                                                                                                                          |                                                                                |                                                                                             |                                                                                                       |
|       |                                                                                                                                | _                                                                                                                                                                                                                             |                                                                                |                                                                                             |                                                                                                       |
|       |                                                                                                                                |                                                                                                                                                                                                                               |                                                                                |                                                                                             |                                                                                                       |
| Mon   | ey or proper                                                                                                                   | ty owed to you?                                                                                                                                                                                                               |                                                                                |                                                                                             | Current value of the portion you own?  Do not deduct secured claims or exemptions.                    |
|       | ey or proper                                                                                                                   |                                                                                                                                                                                                                               |                                                                                |                                                                                             | portion you own?                                                                                      |
|       | Tax refunds ov                                                                                                                 |                                                                                                                                                                                                                               |                                                                                |                                                                                             | portion you own? Do not deduct secured                                                                |
|       | Tax refunds ov<br>No<br>✓ Yes. Give s                                                                                          | wed to you specific information                                                                                                                                                                                               | Anticipated 2017 Tax Refund                                                    | Federal:                                                                                    | portion you own? Do not deduct secured                                                                |
|       | Tax refunds on  No  ✓ Yes. Give s  abou  you a                                                                                 | wed to you                                                                                                                                                                                                                    | Anticipated 2017 Tax Refund                                                    | Federal:<br>State:                                                                          | portion you own? Do not deduct secured claims or exemptions.                                          |
| 28.   | No Yes. Give s abou you a and t                                                                                                | wed to you specific information t them, including whether already filed the returns the tax years                                                                                                                             | Anticipated 2017 Tax Refund                                                    |                                                                                             | portion you own? Do not deduct secured claims or exemptions.  \$4918.00                               |
| 28.   | No Yes. Give sabou you a and t                                                                                                 | wed to you specific information t them, including whether already filed the returns he tax years                                                                                                                              |                                                                                | State:                                                                                      | portion you own? Do not deduct secured claims or exemptions.  \$4918.00  \$0.00                       |
| 28.   | Tax refunds on  No  Yes. Give s abou you a and t  Family suppor  Examples: Past                                                | wed to you specific information t them, including whether already filed the returns he tax years                                                                                                                              |                                                                                | State:<br>Local:                                                                            | portion you own? Do not deduct secured claims or exemptions.  \$4918.00  \$0.00                       |
| 28.   | Tax refunds on  No  Yes. Give s abou you a and t  Family suppor  Examples: Past                                                | wed to you  specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, s                                                                                               |                                                                                | State:  Local:  ance, divorce settlement, property settlemen                                | portion you own? Do not deduct secured claims or exemptions.  \$4918.00  \$0.00  \$0.00               |
| 28.   | Tax refunds on  No  Yes. Give s abou you a and t  Family suppor  Examples: Past                                                | wed to you  specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, s                                                                                               |                                                                                | State: Local: ance, divorce settlement, property settlemen Alimony:                         | portion you own? Do not deduct secured claims or exemptions.  \$4918.00  \$0.00  t  \$0.00            |
| 28.   | Tax refunds on  No  Yes. Give s abou you a and t  Family suppor  Examples: Past                                                | wed to you  specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, s                                                                                               |                                                                                | State: Local:  ance, divorce settlement, property settlemen  Alimony: Maintenance:          | portion you own? Do not deduct secured claims or exemptions.  \$4918.00 \$0.00  t  \$0.00 \$0.00      |
| 28.   | Tax refunds on  No  Yes. Give s abou you a and t  Family suppor  Examples: Past                                                | wed to you  specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, s                                                                                               |                                                                                | State: Local:  ance, divorce settlement, property settlemen  Alimony: Maintenance: Support: | portion you own? Do not deduct secured claims or exemptions.  \$4918.00 \$0.00  \$0.00  \$0.00 \$0.00 |
| 29.   | Tax refunds on  No  Yes. Give s abou you a and t  Family suppor Examples: Past  ✓  No  Yes. Give s  Other amount Examples: Unp | specific information t them, including whether already filed the returns he tax years                                                                                                                                         |                                                                                | State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:      | \$4918.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00                                                   |
| 29.   | Tax refunds on  No  Yes. Give s abou you a and t  Family suppor Examples: Past  ✓  No  Yes. Give s  Other amount Examples: Unp | specific information t them, including whether already filed the returns he tax years                                                                                                                                         | spousal support, child support, maintenders                                    | State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:      | \$4918.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00                                                   |
| 29.   | No Yes. Give s about you a and t  Family support Examples: Past  No Yes. Give s  Other amount Examples: Unp Soc                | specific information t them, including whether already filed the returns he tax years  t due or lump sum alimony, s specific information  s someone owes you aid wages, disability insurance ial Security benefits; unpaid to | spousal support, child support, maintenders                                    | State: Local:  Alimony: Maintenance: Support: Divorce settlement: Property settlement:      | \$4918.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00                                                   |

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 17 of 68

| Deb  | tor 1 Demetric                                          | R                                                       | Neal                                                        | Case number (if known)                         |                                          |
|------|---------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------|------------------------------------------|
|      | First Name                                              | Middle Name                                             | Last Name                                                   |                                                |                                          |
| 31.  | Interests in insurance p<br>Examples: Health, disabilit |                                                         | avings account (HSA); credit, ho                            | omeowner's, or renter's insurance              |                                          |
|      | No Nome the income                                      | Con                                                     | npany name:                                                 | Beneficiary:                                   | Surrender or refund value:               |
|      | Yes. Name the insura of each policy and list            |                                                         | n Life through employer                                     |                                                | \$0.00                                   |
|      |                                                         |                                                         |                                                             |                                                |                                          |
|      |                                                         |                                                         |                                                             |                                                |                                          |
| 32.  |                                                         |                                                         |                                                             | , or are currently entitled to receive         |                                          |
|      | No                                                      |                                                         |                                                             |                                                |                                          |
|      | Yes. Describe                                           |                                                         |                                                             |                                                |                                          |
| 33.  |                                                         | rties, whether or not you holoyment disputes, insurance | ave filed a lawsuit or made a<br>e claims, or rights to sue | demand for payment                             |                                          |
|      | No                                                      |                                                         |                                                             |                                                |                                          |
|      | Yes. Describe                                           |                                                         |                                                             |                                                |                                          |
| 34.  | Other contingent and unto set off claims                | <br>nliquidated claims of ever                          | y nature, including counterc                                | aims of the debtor and rights                  |                                          |
|      | <b>✓</b> No                                             |                                                         |                                                             |                                                |                                          |
|      | Yes. Describe                                           |                                                         |                                                             |                                                |                                          |
| 35.  | Any financial assets you                                | udid not already list                                   |                                                             |                                                |                                          |
|      | No                                                      |                                                         |                                                             |                                                |                                          |
|      | Yes. Describe                                           |                                                         |                                                             |                                                |                                          |
| 36.  |                                                         | -                                                       | t 4, including any entries for                              |                                                | \$5008.00                                |
|      | for Part 4. Write that nu                               | mber here                                               |                                                             | <b>&gt;</b>                                    |                                          |
|      |                                                         |                                                         |                                                             |                                                |                                          |
| Part | 5: Describe Any Bus                                     | siness-Related Propert                                  | y You Own or Have an In                                     | terest In. List any real estate in Part        | :1.                                      |
| 37.  | Do you own or have any                                  | legal or equitable interes                              | t in any business-related pro                               |                                                |                                          |
|      | No. Go to Part 6.                                       |                                                         |                                                             |                                                | Current value of the ortion you own?     |
|      | Yes. Go to line 38.                                     |                                                         |                                                             |                                                | o not deduct secured claims r exemptions |
| 38.  | Accounts receivable or                                  | commissions you already                                 | earned                                                      |                                                |                                          |
|      | ✓ No  Yes. Describe                                     |                                                         |                                                             |                                                |                                          |
|      | LI 163. Describe                                        |                                                         |                                                             |                                                |                                          |
| 39.  | Office equipment, furnis<br>Examples: Business-relate   |                                                         | dems, printers, copiers, fax mad                            | chines, rugs, telephones, desks, chairs, elect | ronic devices                            |
|      | <b>✓</b> No                                             |                                                         |                                                             |                                                |                                          |
|      | Yes. Describe                                           |                                                         |                                                             |                                                |                                          |
|      |                                                         |                                                         |                                                             |                                                |                                          |

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 18 of 68

| Deb         | tor 1 Demetric                 | R                                       | Neal                              | Case number (if known)            |                                                |
|-------------|--------------------------------|-----------------------------------------|-----------------------------------|-----------------------------------|------------------------------------------------|
| 40          | First Name                     | Middle Name                             | Last Name                         | and the da                        |                                                |
| 40.         |                                | equipment, supplies you                 | use in business, and tools of yo  | our trade                         |                                                |
|             | <b>✓</b> No                    |                                         |                                   |                                   |                                                |
|             | Yes. Describe                  |                                         |                                   |                                   |                                                |
|             |                                |                                         |                                   |                                   |                                                |
| 41.         | Inventory                      |                                         |                                   |                                   |                                                |
|             | - N                            |                                         |                                   |                                   |                                                |
|             | No No Describe                 |                                         |                                   |                                   |                                                |
|             | Yes. Describe                  |                                         |                                   |                                   |                                                |
|             |                                |                                         |                                   |                                   |                                                |
| 42.         | Interests in partnersh         | ips or joint ventures                   |                                   |                                   |                                                |
|             | ✓ No                           |                                         |                                   |                                   |                                                |
|             | Yes. Give specific             |                                         | Name of entity:                   | % of ownership:                   |                                                |
|             | information about              |                                         |                                   |                                   |                                                |
|             | them                           |                                         |                                   |                                   | ,                                              |
|             |                                |                                         | -                                 | <del></del>                       |                                                |
|             |                                |                                         |                                   |                                   | <u> </u>                                       |
| 43. (       | Customer lists, mailing        | lists, or other compilat                | ions                              |                                   |                                                |
|             | <b>✓</b> No                    |                                         |                                   |                                   |                                                |
|             |                                | nclude personally identifial            | ole information (as defined in 11 | U.S.C. § 101(41A))?               |                                                |
|             |                                |                                         |                                   |                                   |                                                |
|             | □ No                           |                                         |                                   |                                   |                                                |
|             | Yes. Desc                      | ribe                                    |                                   |                                   |                                                |
| 44.         | Any business-related           | property you did not alr                | eady list                         |                                   |                                                |
|             | —                              | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,                                 |                                   |                                                |
|             | ✓ No                           |                                         |                                   |                                   | <u> </u>                                       |
|             | Yes. Give specific information |                                         |                                   |                                   |                                                |
|             | inomation                      |                                         |                                   |                                   | <u> </u>                                       |
|             |                                |                                         |                                   |                                   | <u> </u>                                       |
|             |                                |                                         |                                   |                                   |                                                |
|             |                                |                                         |                                   |                                   |                                                |
|             |                                |                                         |                                   |                                   |                                                |
|             |                                |                                         |                                   |                                   | <del></del>                                    |
|             |                                |                                         |                                   |                                   |                                                |
|             |                                |                                         | art 5, including any entries for  |                                   |                                                |
| <b>&gt;</b> |                                |                                         |                                   |                                   |                                                |
| Part        | Describe Any F                 | arm- and Commercia                      | al Fishing-Related Property       | y You Own or Have an Interest In. |                                                |
|             | If you own or have ar          | n interest in farmland, list it i       | n Part 1.                         |                                   |                                                |
| 46.         | Do you own or have a           | iny legal or equitable int              | erest in any farm- or commerc     | ial fishing-related property?     |                                                |
|             | No. Go to Part 7.              |                                         |                                   |                                   | Current value of the                           |
|             | Yes. Go to line 47.            |                                         |                                   |                                   | portion you own?  Do not deduct secured claims |
|             |                                |                                         |                                   |                                   | or exemptions                                  |
| 47.         | Farm animals                   |                                         |                                   |                                   |                                                |
|             | Examples: Livestock, p         | oultry, farm-raised fish                |                                   |                                   |                                                |
|             | <b>✓</b> No                    |                                         |                                   |                                   |                                                |
|             | Yes. Describe                  |                                         |                                   |                                   |                                                |
|             | _                              |                                         |                                   |                                   |                                                |

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 19 of 68

| Dep          | tor 1 Demetric             | R MELLE M                                    | Neal                       | Case number (if known)       |                 |
|--------------|----------------------------|----------------------------------------------|----------------------------|------------------------------|-----------------|
|              | First Name                 | Middle Name                                  | Last Name                  |                              |                 |
| 48.          | Crops-either growing       | or harvested                                 |                            |                              |                 |
|              | <b>✓</b> No                |                                              |                            |                              |                 |
|              | Yes. Describe              |                                              |                            |                              |                 |
|              | Ш                          |                                              |                            |                              |                 |
|              |                            |                                              |                            |                              |                 |
| 49.          | Farm and fishing equi      | pment, implements, machinery, fi             | xtures, and tools of trade | 9                            |                 |
|              | <b>√</b> No                |                                              |                            |                              |                 |
|              | Yes. Describe              |                                              |                            |                              |                 |
|              | L Too. Booonso             |                                              |                            |                              |                 |
|              |                            |                                              |                            |                              |                 |
| 50.          | Farm and fishing supp      | olies, chemicals, and feed                   |                            |                              |                 |
|              | <b>✓</b> No                |                                              |                            |                              |                 |
|              | Yes. Describe              |                                              |                            |                              |                 |
|              | Tes. Describe              |                                              |                            |                              |                 |
|              |                            |                                              |                            |                              |                 |
| 51.          | Any farm- and comme        | ercial fishing-related property you          | did not already list       |                              |                 |
|              | No No                      |                                              |                            |                              |                 |
|              | Yes. Describe              |                                              |                            |                              |                 |
|              | Tes. Describe              |                                              |                            |                              |                 |
|              |                            |                                              |                            |                              |                 |
|              | datable delle en et en et  | Harfara and the form Barba to the            |                            |                              |                 |
|              |                            | all of your entries from Part 6, incler here |                            | =                            |                 |
| •            |                            |                                              |                            |                              |                 |
|              |                            |                                              |                            |                              |                 |
|              |                            |                                              |                            |                              |                 |
| Part         | 7: Describe All Pro        | operty You Own or Have an In                 | terest in That You Did     | d Not List Above             |                 |
|              |                            | perty of any kind you did not alrea          |                            |                              |                 |
| 00.          |                            | ts, country club membership                  | auy noti                   |                              |                 |
|              | ✓ No                       |                                              |                            |                              | 1               |
|              | Yes. Give specific         |                                              |                            |                              |                 |
|              | information                |                                              |                            |                              |                 |
|              |                            |                                              |                            |                              |                 |
|              |                            |                                              |                            |                              | · -             |
|              |                            |                                              |                            |                              |                 |
| 54. A        | dd the dollar value of a   | all of your entries from Part 7. Writ        | e that number here         |                              | P               |
|              |                            |                                              |                            |                              |                 |
|              |                            |                                              |                            |                              |                 |
|              |                            |                                              |                            |                              |                 |
|              |                            |                                              |                            |                              |                 |
| Part         | 8: List the Totals o       | f Each Part of this Form                     |                            |                              |                 |
| rait         | o. List the Totals C       | Laciii aitoi ulisi oilii                     |                            |                              | 1               |
| 55.          | Part 1: Total real estat   | e, line 2                                    |                            |                              | \$1500.00       |
|              |                            |                                              |                            |                              |                 |
| 56.          | part 2 total vehicles, lii | ne 5                                         |                            | <u></u>                      |                 |
| 57. <b>F</b> | Part 3: Total personal a   | nd household items, line 15                  | \$750.00                   |                              |                 |
| F0 F         | Part 4: Total financial a  | costo lino 26                                | \$7.50.00                  | <u> </u>                     |                 |
| 30.F         | art 4: Total linancial a   | ssets, line 30                               | \$5008.00                  | <u> </u>                     |                 |
| 59.          | Part 5: Total business-    | related property, line 45                    |                            |                              |                 |
| 60.          | Part 6: Total farm- and    | fishing-related property, line 52            |                            | <u> </u>                     |                 |
|              |                            |                                              |                            | <del></del>                  |                 |
| 61.          | Part 7: Total other prop   | perty not listed, line 54                    |                            | <u> </u>                     |                 |
| 62.          | Total personal property    | . Add lines 56 through 61                    | \$5758.00                  |                              | + \$5758.00     |
|              |                            |                                              | φοτου.σσ                   | Copy personal property total | 1 \$57.00.00    |
|              |                            |                                              |                            |                              | <b>A7272</b> 25 |
|              | atal of all access of      | Cabadula A/D Add Bar 55 Br 00                |                            |                              | \$7258.00       |
| 03.1         | otal of all property on    | Schedule A/B. Add line 55 + line 62          |                            |                              | 1               |

#### Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 20 of 68

| Fill in this information to identify your case: |                           |             |                              |  |  |  |
|-------------------------------------------------|---------------------------|-------------|------------------------------|--|--|--|
| Debtor 1                                        | Demetric                  | R           | Neal                         |  |  |  |
|                                                 | First Name                | Middle Name | Last Name                    |  |  |  |
| Debtor 2                                        |                           |             |                              |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |
| Case number<br>(If known)                       |                           |             | (01010)                      |  |  |  |

### Official Form 106C

### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Ра                                                                                 | Identity the Property You Clair                                                     | m as Exempt                                                                                        |                                                                                                     |                                                 |  |  |  |  |  |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------|--|--|--|--|--|
| 1.                                                                                 |                                                                                     | •                                                                                                  | , ,                                                                                                 |                                                 |  |  |  |  |  |
| You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) |                                                                                     |                                                                                                    |                                                                                                     |                                                 |  |  |  |  |  |
|                                                                                    | You are claiming federal exemption                                                  | ns. 11 U.S.C. § 522(b)(                                                                            | 2)                                                                                                  |                                                 |  |  |  |  |  |
| 2.                                                                                 | For any property you list on Schedule A                                             | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. |                                                                                                     |                                                 |  |  |  |  |  |
|                                                                                    | Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule AVB                  | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption              |  |  |  |  |  |
|                                                                                    | Brief description: Federal, Anticipated 2017 Tax Refund Line from Schedule A/B: 28  | \$4,918.00                                                                                         | \$4,164.00; \$754.00  100% of fair market value, up to any applicable statutory limit               | 735 ILCS 5/12-1001(g)(1); 735 ILCS 5/12-1001(b) |  |  |  |  |  |
|                                                                                    | Brief                                                                               |                                                                                                    |                                                                                                     | 735 ILCS 5/12-1001(a)                           |  |  |  |  |  |
|                                                                                    | description:                                                                        | \$450.00                                                                                           | \$450.00                                                                                            |                                                 |  |  |  |  |  |
|                                                                                    | Used Clothing                                                                       |                                                                                                    | 100% of fair market value, up to any                                                                | _                                               |  |  |  |  |  |
|                                                                                    | Line from Schedule A/B: 11                                                          |                                                                                                    | applicable statutory limit                                                                          |                                                 |  |  |  |  |  |
| 3.                                                                                 | <b>✓</b> No                                                                         | ery 3 years after that for                                                                         | 375? cases filed on or after the date of adjustment.) vithin 1,215 days before you filed this case? |                                                 |  |  |  |  |  |

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 21 of 68

| Debtor 1 Demetric R First Name Middl                                                |                                                                        | leal Case number (if known)                                               |                                    |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------|
| art 2: Additional Page                                                              | ie Name La                                                             | ast Name                                                                  |                                    |
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own  Copy the value from Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption. | Specific laws that allow exemption |
| Brief description: Checking account, Bank of America Line from Schedule A/B: 17     | \$90.00                                                                | \$90.00  100% of fair market value, up to any applicable statutory limit  | 735 ILCS 5/12-1001(b)              |
| Brief description:  Used Electronics - 2 Cell Phone  Line from Schedule A/B: 07     | \$300.00                                                               | \$300.00  100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b)              |
| Brief description: Term Life through employer Line from Schedule 4/B: 31            | \$0.00                                                                 | \$0  100% of fair market value, up to any applicable statutory limit      | 735 ILCS 5/12-1001(f)              |

### Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 22 of 68

|                     |                               |                                                            | Do                                                  | ocument Page 22 o                                                                                             | of 68                                                             |                                                       |                                    |
|---------------------|-------------------------------|------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------|------------------------------------|
| Fill in t           | his inforr                    | nation to identify your ca                                 | se:                                                 |                                                                                                               |                                                                   |                                                       |                                    |
| Debtor              | 1                             | Demetric<br>First Name                                     | R<br>Middle Name                                    | Neal<br>Last Name                                                                                             |                                                                   |                                                       |                                    |
| Debtor<br>(Spouse,  |                               | First Name                                                 | Middle Name                                         | Last Name                                                                                                     |                                                                   |                                                       |                                    |
|                     |                               | ankruptcy Court for the:                                   | Northern                                            | District of Illinois (State)                                                                                  |                                                                   |                                                       |                                    |
| Case n<br>(If known |                               |                                                            |                                                     |                                                                                                               |                                                                   |                                                       |                                    |
| Offic               | cial                          | Form 106D                                                  |                                                     |                                                                                                               |                                                                   |                                                       | Check if this is an amended filing |
| Sch                 | المط                          | le D: Credit                                               | ore Who Ha                                          | ve Claims Secu                                                                                                | red by Pron                                                       |                                                       | 12/15                              |
| more sp             | oace is r                     | -                                                          |                                                     | e are filing together, both are entries, and attach it                                                        |                                                                   |                                                       |                                    |
| 1. <b>D</b>         | o any c                       | reditors have claims se                                    | ecured by your proper                               | ty?                                                                                                           |                                                                   |                                                       |                                    |
|                     | No. C                         | Check this box and subm                                    | nit this form to the court                          | with your other schedules. You                                                                                | have nothing else to rep                                          | ort on this form.                                     |                                    |
|                     | Yes.                          | Fill in all of the information                             | n below.                                            |                                                                                                               |                                                                   |                                                       |                                    |
| Part 1              | List /                        | All Secured Claims                                         |                                                     |                                                                                                               |                                                                   |                                                       |                                    |
|                     | separatel                     | y for each claim. If more th                               | nan one creditor has a par                          | cured claim, list the creditor<br>ticular claim, list the other creditor<br>order according to the creditor's | Column A  Amount of claim  Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any  |
|                     |                               | e Resorts                                                  | Describe the property                               | that secures the claim:                                                                                       | \$9,000.00                                                        | \$3,000.00                                            | \$6,000.00                         |
|                     | Creditor's<br>5601 W<br>Numbe | indhover Dr                                                | Westgate Resort Time \$<br>\$3,000.00               | Share, Orlando, FL 32801   Value:                                                                             |                                                                   |                                                       |                                    |
|                     |                               | FL 32819 State ZIP Code es the debt? Check one. tor 1 only | Contingent Unliquidated Disputed                    | , <b>the claim is:</b> Check all that app                                                                     | iy.                                                               |                                                       |                                    |
|                     | Deb                           | tor 2 only<br>tor 1 and Debtor 2 only                      | Nature of lien. Check a  An agreement you car loan) | all that apply.<br>made (such as mortgage or secui                                                            | red                                                               |                                                       |                                    |
|                     |                               | ast one of the debtors                                     | _ ′                                                 | as tax lien, mechanic's lien)                                                                                 |                                                                   |                                                       |                                    |
|                     |                               | ck if this claim relates                                   | Judgment lien from                                  | n a lawsuit                                                                                                   |                                                                   |                                                       |                                    |
|                     | to a  Date de  incurrec       |                                                            | Other (including a r                                | ,                                                                                                             |                                                                   |                                                       |                                    |

Last 4 digits of account number \_\_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number

here:

\$9,000.00

Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 23 of 68

| Fill i                                  | n this infori                                                     | mation to identify your c                                                                                               | ase:                                                                                                         |                                                                                              |                                                                                               |                                                                                                                                                                                             |
|-----------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Deb                                     | tor 1                                                             | Demetric                                                                                                                | R                                                                                                            | Neal                                                                                         |                                                                                               |                                                                                                                                                                                             |
|                                         |                                                                   | First Name                                                                                                              | Middle Name                                                                                                  | Last Name                                                                                    |                                                                                               |                                                                                                                                                                                             |
| Deb                                     |                                                                   |                                                                                                                         |                                                                                                              |                                                                                              |                                                                                               |                                                                                                                                                                                             |
| (Spo                                    | use, if filing)                                                   | First Name                                                                                                              | Middle Name                                                                                                  | Last Name                                                                                    |                                                                                               |                                                                                                                                                                                             |
| Unit                                    | ed States B                                                       | Bankruptcy Court for the:                                                                                               | Northern                                                                                                     | District of Illinois                                                                         |                                                                                               |                                                                                                                                                                                             |
| _                                       |                                                                   |                                                                                                                         |                                                                                                              | (State)                                                                                      |                                                                                               |                                                                                                                                                                                             |
| (If knd                                 | e number                                                          | -                                                                                                                       |                                                                                                              |                                                                                              |                                                                                               |                                                                                                                                                                                             |
| <u> </u>                                |                                                                   | 100E/E                                                                                                                  |                                                                                                              |                                                                                              |                                                                                               | Check if this is an amended filing                                                                                                                                                          |
| Oπ                                      | iciai F                                                           | orm 106E/F                                                                                                              |                                                                                                              |                                                                                              |                                                                                               | L encont in this is the tarrended immig                                                                                                                                                     |
| Sc                                      | hedu                                                              | ule E/F: Cre                                                                                                            | editors Who                                                                                                  | Have Unsec                                                                                   | cured Claims                                                                                  | 12/1                                                                                                                                                                                        |
| other<br>Form<br>clain<br>the e<br>know | r party to a<br>106A/B) a<br>ns that are<br>entries in the<br>n). | any executory contract<br>and on <i>Schedule G: Exe</i><br>a listed in <i>Schedule D: C</i><br>he boxes on the left. At | s or unexpired leases that<br>cutory Contracts and Ur<br>Creditors Who Hold Claim<br>tach the Continuation P | at could result in a claim. A<br>nexpired Leases (Official F<br>ns Secured by Property. If I | Also list executory contracts<br>orm 106G). Do not include an<br>more space is needed, copy t | n NONPRIORITY claims. List the<br>on Schedule A/B: Property (Official<br>ry creditors with partially secured<br>he Part you need, fill it out, number<br>rite your name and case number (if |
| Par                                     | LISU                                                              | All OI TOUR PRIORIT                                                                                                     | Y Unsecured Claims                                                                                           |                                                                                              |                                                                                               |                                                                                                                                                                                             |
| 1.                                      |                                                                   |                                                                                                                         | secured claims against                                                                                       | you?                                                                                         |                                                                                               |                                                                                                                                                                                             |
|                                         | <b>✓</b> No. (                                                    | Go to Part 2.                                                                                                           |                                                                                                              |                                                                                              |                                                                                               |                                                                                                                                                                                             |
|                                         | Yes.                                                              |                                                                                                                         |                                                                                                              |                                                                                              |                                                                                               |                                                                                                                                                                                             |
| 2.                                      | List all of                                                       |                                                                                                                         |                                                                                                              |                                                                                              |                                                                                               |                                                                                                                                                                                             |

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total

claim

Priority

amount

Nonpriority

amount

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 24 of 68

| Debte  | or 1        |                                                                             | 3                     | Neal             | Case number (if known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |
|--------|-------------|-----------------------------------------------------------------------------|-----------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
|        |             | 1                                                                           | Middle Name           | Last Name        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| Part   |             | List All of Your NONPRIORI                                                  |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| [      | Do 8        | any creditors have nonpriority un<br>No. You have nothing to report<br>Yes. |                       |                  | e court with your other schedules.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |
| l<br>I | inse<br>f m | ecured claim, list the creditor separa                                      | ately for each claim. | For each claim I | er of the creditor who holds each claim. If a creditor has more isted, identify what type of claim it is. Do not list claims already incepart 3. If you have more than four priority unsecured claims fill out                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | cluded in Part 1.<br>the Continuation |
|        |             |                                                                             |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Total claim                           |
| 4.1    | No          | LLY FINANCIAL onpriority Creditor's Name O BOX 380901                       |                       |                  | Last 4 digits of account number 9316 When was the debt incurred? 11/2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$10,559.00                           |
|        | N           | umber Street                                                                |                       |                  | As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |
|        | _           |                                                                             |                       |                  | Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |
|        | -           | LOOMINGTON Minneso                                                          |                       |                  | Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |
|        |             | ity State<br><b>/ho incurred the debt?</b> Check one                        | Zip Co                | de               | Disputed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |
|        | Ü           | Debtor 1 only                                                               | <del>5.</del>         |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
|        | Ė           | Debtor 2 only                                                               |                       |                  | Type of NONPRIORITY unsecured claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |
|        | L           | Debtor 1 and Debtor 2 only                                                  |                       |                  | Student loans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |
|        | L           | At least one of the debtors and a                                           | another               |                  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |
|        | F           | Check if this claim relates to                                              | a community debt      |                  | Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |
|        | ∟<br>Is     | the claim subject to offset?                                                |                       |                  | Other. Specify 072 Automobile                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |
|        | ~           | No                                                                          |                       |                  | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |
|        |             | Yes                                                                         |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| 4.2    | C           | APITALONE                                                                   |                       |                  | Last 4 digits of account number 0253                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$433.00                              |
|        |             | onpriority Creditor's Name<br>o Pollack & Rosen, P.C                        |                       |                  | When was the debt incurred? 4/2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                       |
|        | _           | umber Street                                                                |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
|        | 18          | 825 Barrett Lakes Blvd Suite 510                                            |                       |                  | As of the date you file, the claim is: Check all that apply.  Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |
|        | K           | ennesaw Georgia                                                             | 30144                 |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
|        |             | ity State                                                                   | Zip Co                | de               | Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |
|        | V           | /ho incurred the debt? Check one Debtor 1 only                              | <del>2</del> .        |                  | Disputed  The ANNUAL PROPERTY AND ADDRESS OF THE AN |                                       |
|        | Ė           | Debtor 2 only                                                               |                       |                  | Type of NONPRIORITY unsecured claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |
|        | F           | Debtor 1 and Debtor 2 only                                                  |                       |                  | Student loans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |
|        | F           | At least one of the debtors and a                                           | another               |                  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |
|        |             | Check if this claim relates to                                              |                       |                  | Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |
|        | L<br>Is     | the claim subject to offset?                                                |                       |                  | Other. Specify CreditCard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       |
|        | V           | <b>-</b>                                                                    |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
|        | Ē           | Yes                                                                         |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
| 4.3    | C           | CS/BRYANT STATE BANK                                                        |                       |                  | Look Addinite of consumb accordance 0000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$512.00                              |
|        | No          | onpriority Creditor's Name                                                  |                       |                  | Last 4 digits of account number 0390 When was the debt incurred? 1/2011                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |
|        | -           | 00 E 60TH ST N<br>umber Street                                              |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
|        | _           |                                                                             |                       |                  | As of the date you file, the claim is: Check all that apply.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |
|        | SI          | OUX FALLS South Da                                                          | akota 57104           |                  | Contingent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |
|        |             | ity State                                                                   | Zip Co                | de               | Unliquidated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |
|        | V           | <b>/ho incurred the debt?</b> Check one <b>7</b> Debtor 1 only              | <del>3</del> .        |                  | Disputed  The ANNUAL PROPERTY AND ADDRESS OF THE AN |                                       |
|        |             | Debtor 2 only                                                               |                       |                  | Type of NONPRIORITY unsecured claim:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                       |
|        | F           | Debtor 1 and Debtor 2 only                                                  |                       |                  | Student loans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |
|        |             | At least one of the debtors and a                                           | another               |                  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |
|        | H           | Check if this claim relates to                                              |                       |                  | Debts to pension or profit-sharing plans, and other similar debts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                       |
|        | ∟<br>Is     | the claim subject to offset?                                                |                       |                  | ✓ Other. Specify CreditCard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       |
|        | Ī.          | <b>7</b>                                                                    |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |
|        | Ē           | Yes                                                                         |                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                       |

#### Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 25 of 68

R Neal Debtor 1 Demetric Case number (if known) Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 FIRST PREMIER BANK \$620.00 Last 4 digits of account number Nonpriority Creditor's Name Jefferson Capital Systems, LLC PO Box 7999 When was the debt incurred? Street As of the date you file, the claim is: Check all that apply. c/o Kelly Lukason Contingent 56302 Saint Cloud Minnesota Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ CreditCard Is the claim subject to offset? Yes IL Tollway \$14,000.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 2700 Ogden Ave Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 60515 Illinois Downers Grove City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_\_ Toll Violations Is the claim subject to offset? **✓** No Yes 4.6 Inbox Loan \$500.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? n/a P.O. Box 881 Street Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Santa Rosa 95402 California City Zip Code State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only  $\overline{}$ Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar debts Check if this claim relates to a community debt Other. Specify \_\_\_ Payday Loan

✓ No Yes

Is the claim subject to offset?

#### Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 26 of 68

R Neal Debtor 1 Demetric Case number (if known) Middle Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 MAGE & PRICE \$77.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 7/2014 707 Lake Cook Rod #314 Number As of the date you file, the claim is: Check all that apply. Contingent Deerfield Illinois 60015 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? Other. Specify ORIGINAL CREDITOR: MEDICAL **✓** No Yes MAJR FINANCL \$2,426.00 Last 4 digits of account number 9090 Nonpriority Creditor's Name 7951 W MISSISSIPPI SUITE B When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated LAKEWOOD 80226 Colorado City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_\_ 13 M1 169561 Is the claim subject to offset? **✓** No Yes MIDLAND FUNDING 4.9 \$621.00 3754 Last 4 digits of account number Nonpriority Creditor's Name 8875 AERO DR STE 200 When was the debt incurred? 3/2017 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated SAN DIEGO 92123 California City Zip Code Disputed State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only **V** Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar

No Yes

Check if this claim relates to a community debt

Is the claim subject to offset?

debts

Other. Specify \_

07 M1 160258

#### Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 27 of 68

R Neal Debtor 1 Demetric Case number (if known) Middle Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 NORDSTROM/TD BANK USA \$2,477.00 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 8/2016 PO BOX 6555 Number Street As of the date you file, the claim is: Check all that apply. Contingent **ENGLEWOOD** Colorado 80155 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_ CreditCard Is the claim subject to offset? **✓** No Yes 4.11 NTNWIDE LNS \$1,712.00 Last 4 digits of account number 3372 Nonpriority Creditor's Name 3435 N CÍCERO AVE When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated CHICAGO Illinois 60641 City State Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ 14 M1 103546 Is the claim subject to offset? **✓** No Yes PORTFOLIO RECOV ASSOC 4.12 \$983.00 4812 Last 4 digits of account number Nonpriority Creditor's Name 120 CORPORATE BLVD STE 1 When was the debt incurred? 2/2014 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated **NORFOLK** Virginia 23502 Zip Code Disputed City State Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify Collection Agent for Capital One Is the claim subject to offset? **✓** No

Yes

#### Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 28 of 68

R Neal Debtor 1 Demetric Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.13 Sprint \$1,000.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 219554 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 64121 Kansas City Missouri City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Other. Specify \_\_\_ Unsecured Is the claim subject to offset? **✓** No Yes TD BANK USA/TARGETCRED 4.14 \$307.00 Last 4 digits of account number \_\_ 1265 Nonpriority Creditor's Name 6/1998 PO BOX 673 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent MINNEAPOLIS 55440 Minnesota Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts Other. Specify \_\_\_ CreditCard Is the claim subject to offset? **✓** No

Yes

### Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 29 of 68

Debtor 1 Demetric R Neal Case number (if known) Middle Name First Name Last Name Part 3: List Others to Be Notified About a Debt That You Already Listed Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Blitt & Gaines On which entry in Part 1 or Part 2 did you list the original creditor? Name 661 Glenn Ave of (Check Line 4.8 Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured Wheeling Illinois 60090 Last 4 digits of account number 9090 City State Zip Code Adler Arthur B & Assoc On which entry in Part 1 or Part 2 did you list the original creditor? PO BOX 30308 Line 4.11 of (Check Part 1: Creditors with Priority Unsecured Claims one): Number Street Part 2: Creditors with Nonpriority Unsecured Claims Illinois 60630 Chicago Last 4 digits of account number 3372 City State Zip Code Blatt Hasenmille Leibsker On which entry in Part 1 or Part 2 did you list the original creditor? of (Check 10 S Lasalle, Ste 2200 Line 4.9 Part 1: Creditors with Priority Unsecured Claims one): Number Street

Last 4 digits of account number

Chicago

City

Illinois

State

60603

Zip Code

Part 2: Creditors with Nonpriority Unsecured

Claims

3754

Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 30 of 68

Debtor 1 Demetric Neal Case number (if known) Middle Name First Name Last Name Part 4: Add the Amounts for Each Type of Unsecured Claim 6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$0.00 Total claims 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$0.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$0.00 **Total claims** 6f. Student loans from Part 2 \$0.00 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims

6h. Debts to pension or profit-sharing plans, and other similar

6i. Other. Add all other nonpriority unsecured claims. Write

that amount here.

6j. Total. Add lines 6f through 6i.

\$0.00

\$36,227.00

\$36,227.00

Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 31 of 68

| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |
|-------------------------------------------------|---------------------------|-------------|------------------------------|--|--|--|--|
| Debtor 1                                        | Demetric                  | R           | Neal                         |  |  |  |  |
|                                                 | First Name                | Middle Name | Last Name                    |  |  |  |  |
| Debtor 2                                        |                           |             |                              |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |
| Case number<br>(If known)                       |                           |             | (Ciato)                      |  |  |  |  |

#### Official Form 106G

### Check if this is an amended filing

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

|                                   | Case 17-36830                                           |                             | •                            | entered 12/12/17 18:47<br>age 32 of 68           | :21 Desc Main                                                                                                    |
|-----------------------------------|---------------------------------------------------------|-----------------------------|------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| Fill in this info                 | rmation to identify your cas                            | e:                          |                              |                                                  |                                                                                                                  |
| Debtor 1                          | Demetric<br>First Name                                  | R<br>Middle Name            | Neal<br>Last Name            |                                                  |                                                                                                                  |
| Debtor 2<br>(Spouse, if filing)   | First Name                                              | Middle Name                 | Last Name                    |                                                  |                                                                                                                  |
| United States I                   | Bankruptcy Court for the:                               | Northern                    | District of Illinois (State) |                                                  |                                                                                                                  |
| Case number<br>(If known)         |                                                         |                             | . ,                          |                                                  |                                                                                                                  |
|                                   |                                                         |                             |                              |                                                  | Check if this is an amended filing                                                                               |
| Official                          | Form 106H                                               |                             |                              |                                                  | amonded hilling                                                                                                  |
|                                   | e H: Your Code                                          | ebtors                      |                              |                                                  | 12/15                                                                                                            |
| filing together<br>the entries in | , both are equally respons                              | ible for supplying corr     | ect information. If m        |                                                  | ossible. If two married people are<br>ditional Page, fill it out, and number<br>te your name and case number (if |
| -                                 | have any codebtors? (If yo                              | ou are filing a joint case, | do not list either spou      | se as a codebtor.)                               |                                                                                                                  |
| ☐ No                              | o<br>es                                                 |                             |                              |                                                  |                                                                                                                  |
|                                   | the last 8 years, have you ia, Idaho, Louisiana, Nevada | •                           |                              | itory? (Community property states and Wisconsin) | and territories include Arizona,                                                                                 |
|                                   | o. Go to line 3.                                        | , ivew ividated, i delto i  | iloo, rexas, washingto       | ii, and Wisconsin.)                              |                                                                                                                  |
|                                   | es. Did your spouse, forme                              | er spouse, or legal equ     | ivalent live with you a      | t the time?                                      |                                                                                                                  |
|                                   | No                                                      |                             |                              |                                                  |                                                                                                                  |
|                                   | Yes. In which communit                                  | y state or territory did    | you live?                    | Fill in the name and curre                       | nt address of that person.                                                                                       |
|                                   | Name of your spouse, for                                | mer spouse, or legal eq     | uivalent                     |                                                  |                                                                                                                  |
|                                   | Number Street                                           |                             |                              |                                                  |                                                                                                                  |

In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Zip Code

State

City

Column 1: Your codebtor Column 2: The creditor to whom you owe the debt Check all schedules that apply: Daley, Julia Schedule D, line Name Schedule E/F, line4.11 17606 Surrey Lane Number Street Schedule G, line 60429 Hazel Crest Illinois City State Zip Code

Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 33 of 68

|                                                             | 20                                                                      |                           | age co          | 3. 00             |                                                                                                                     |
|-------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------|-----------------|-------------------|---------------------------------------------------------------------------------------------------------------------|
| Fill in this information to ide                             | ntify your case:                                                        |                           |                 |                   |                                                                                                                     |
| Debtor 1 Demetric                                           | R                                                                       | Neal                      |                 |                   |                                                                                                                     |
| First Name                                                  | Middle Name                                                             | Last Nam                  | е               | Che               | eck if this is:                                                                                                     |
| Debtor 2 (Spouse, if filing) First Name                     | Middle Name                                                             | Last Nam                  | Α               | -   п             | An amended filing                                                                                                   |
|                                                             |                                                                         |                           |                 |                   | A supplement showing post-petition chapter 1                                                                        |
| United States Bankruptcy Cour the:  Case number             | t for <u>Northern</u>                                                   | District of Illinoi (Stat |                 |                   | expenses as of the following date:                                                                                  |
| (If known)                                                  |                                                                         |                           |                 | -                 | MM / DD / YYYY                                                                                                      |
| Official Form 106                                           | <u>SI</u>                                                               |                           |                 |                   |                                                                                                                     |
| Schedule I: Your                                            | Income                                                                  |                           |                 |                   | 12/1                                                                                                                |
| information about your spou                                 | se. If you are separated an eded, attach a separate she every question. | d your spouse             | is not filing v | with you, do      | r spouse is living with you, include<br>not include information about your<br>ional pages, write your name and case |
| Fill in your employment                                     |                                                                         | Debtor 1                  |                 |                   | Debtor 2                                                                                                            |
| information.                                                | Employment status                                                       | <b>✓</b> Employed         | 1               |                   | Employed                                                                                                            |
| If you have more than one jo<br>attach a separate page with | b,                                                                      | Not Empl                  |                 |                   | Not Employed                                                                                                        |
| information about additional employers.                     | Occupation                                                              | Mailroom                  |                 |                   |                                                                                                                     |
| Include part time, seasonal, o                              | r Employer's name                                                       | Tyson Foods               |                 |                   |                                                                                                                     |
| self-employed work.                                         | Employer's address                                                      | 2200 Don Ty               | son Parkway     |                   |                                                                                                                     |
| Occupation may include stude or homemaker, if it applies.   | ent                                                                     | Number Street             |                 |                   | Number Street                                                                                                       |
|                                                             |                                                                         | Springdale                | Arkansas        | 72762             |                                                                                                                     |
|                                                             |                                                                         | City                      | State           | Zip Code          | City State Zip Code                                                                                                 |
|                                                             | How long employed there?                                                | 1 year 7 mon              | ths             |                   |                                                                                                                     |
| Part 2: Give Details Abo                                    | ut Monthly Income                                                       |                           |                 |                   |                                                                                                                     |
|                                                             |                                                                         | <b>m.</b> If you have no  | thing to repor  | t for any line, v | write \$0 in the space. Include your non-filing                                                                     |
| spouse unless you are separa                                | ted.                                                                    | -                         |                 |                   | or that person on the lines below. If you need                                                                      |
| more space, attach a separate                               | e sheet to this form.                                                   |                           | For De          | ebtor 1           | For Debtor 2 or non-filing spouse                                                                                   |
|                                                             | s, salary, and commissions (before nthly, calculate what the monthly    |                           |                 | \$3,327.70        |                                                                                                                     |
| 3. Estimate and list monthly                                | overtime pay.                                                           | 3                         |                 | + \$0.00          |                                                                                                                     |
| 4. Calculate gross income.                                  | Add line 2 + line 3.                                                    | 4                         |                 | \$3,327.70        |                                                                                                                     |

### Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 34 of 68

| Debt                 | or 1Demetric First Name                   | R Neal Middle Name Last                                                                                                                                                       | Name           | Case number              | (if                               |                         |
|----------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------|-----------------------------------|-------------------------|
|                      | Tilgt Name                                | Wiede Name Last                                                                                                                                                               | Name           | For Debtor 1             | For Debtor 2 or non-filing spouse |                         |
| Co                   | py line 4 here                            |                                                                                                                                                                               | <b>→</b> 4.    | \$3,327.70               |                                   |                         |
| 5. <b>Lis</b>        | st all payroll dedu                       |                                                                                                                                                                               |                |                          |                                   |                         |
| 5a                   | a. Tax, Medicare,                         | and Social Security deductions                                                                                                                                                | 5a.            | \$315.25                 |                                   |                         |
| 5b                   | . Mandatory con                           | tributions for retirement plans                                                                                                                                               | 5b.            | \$0.00                   |                                   |                         |
| 50                   | . Voluntary contr                         | ibutions for retirement plans                                                                                                                                                 | 5c.            | \$0.00                   |                                   |                         |
| 50                   | l. Required repay                         | ments of retirement fund loans                                                                                                                                                | 5d.            | \$0.00                   |                                   |                         |
| 5e                   | . Insurance                               |                                                                                                                                                                               | 5e.            | \$202.06                 |                                   |                         |
| 5f.                  | . Domestic suppo                          | rt obligations                                                                                                                                                                | 5f.            | \$0.00                   |                                   |                         |
| 50                   | . Union dues                              |                                                                                                                                                                               | 5g.            | \$0.00                   |                                   |                         |
| 5h                   | . Other deductio                          | ns. Specify:                                                                                                                                                                  | 5h. +          | \$0.00 +                 |                                   |                         |
| 6. <b>Ad</b><br>+5h. | d the payroll ded                         | uctions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5                                                                                                                             | ig 6.          | \$517.31                 |                                   |                         |
| 7. <b>Ca</b>         | Iculate total mon                         | hthly take-home pay. Subtract line 6 from line 4.                                                                                                                             | 7.             | \$2,810.38               |                                   |                         |
| 8. <b>Lis</b>        | t all other incom                         | e regularly received:                                                                                                                                                         |                |                          |                                   |                         |
| 8a                   | business, profes                          | -                                                                                                                                                                             |                |                          |                                   |                         |
|                      | gross receipts, or                        | nt for each property and business showing rdinary and necessary business expenses, and                                                                                        | 0              | \$0.00                   |                                   |                         |
| Qh                   | the total monthly<br>Interest and div     |                                                                                                                                                                               | 8a.<br>8b.     | \$0.00                   |                                   |                         |
|                      |                                           | payments that you, a non-filing spouse, or a                                                                                                                                  | OD.            | φ0.00                    |                                   |                         |
|                      | Include alimony,                          | spousal support, child support, maintenance, nt, and property settlement.                                                                                                     | 8c.            | \$0.00                   |                                   |                         |
| 80                   | . Unemployment                            | compensation                                                                                                                                                                  | 8d.            | \$0.00                   |                                   |                         |
| 8e                   | . Social Security                         |                                                                                                                                                                               | 8e.            | \$0.00                   |                                   |                         |
| 8f.                  | Include cash assi<br>cash assistance the  | ent assistance that you regularly receive stance and the value (if known) of any non-hat you receive, such as food stamps (benefits mental Nutrition Assistance Program) or s | 8f.            | \$0.00                   |                                   |                         |
| 80                   | Pension or retir                          | rement income                                                                                                                                                                 | 8g.            | \$0.00                   |                                   |                         |
| 8h                   | . Other monthly i                         | income. Specify:                                                                                                                                                              | 8h. +          | \$0.00 +                 |                                   |                         |
| 9. <b>Ad</b>         | d all other incom                         | <b>e</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h                                                                                                                       | . 9.           | \$0.00                   |                                   |                         |
|                      |                                           | income. Add line 7 + line 9.<br>e 10 for Debtor 1 and Debtor 2 or non-filing spous                                                                                            | 10.<br>se      | \$2,810.38 +             |                                   | = \$2,810.38            |
| In<br>frie           | clude contributions<br>ends or relatives. | ular contributions to the expenses that you lists from an unmarried partner, members of your housemounts already included in lines 2-10 or amounts                            | ısehold, you   | r dependents, your roomm |                                   |                         |
| Sp                   | pecify:                                   |                                                                                                                                                                               |                |                          |                                   | 11. + \$0.00            |
|                      |                                           | the last column of line 10 to the amount in lin<br>the Summary of Schedules and Statistical Summ                                                                              |                |                          |                                   | 12. \$2,810.38 Combined |
| 13. <b>D</b>         | No.                                       | increase or decrease within the year after you                                                                                                                                | file this forr | n?                       |                                   | monthly income          |
| L                    | Yes. Explain:                             |                                                                                                                                                                               |                |                          |                                   |                         |

### Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 35 of 68

|                                                      |                                       | Docu                                                                    | ment Page 35 of 68                                                       | 3                  |                                                     |
|------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------|-----------------------------------------------------|
| Fill in this infor                                   | mation to identify y                  | our case:                                                               |                                                                          |                    |                                                     |
| Debtor 1                                             | Demetric<br>First Name                | R<br>Middle Name                                                        | Neal<br>Last Name                                                        | Objects Williams   |                                                     |
| Debtor 2                                             |                                       |                                                                         |                                                                          | Check if this is:  |                                                     |
| (Spouse, if filing)                                  | First Name                            | Middle Name                                                             | Last Name                                                                | An amended fili    | ng                                                  |
|                                                      | Bankruptcy Court for                  | the: Northern [                                                         | District of Illinois (State)                                             |                    | howing post-petition chapter 13 the following date: |
| Case number<br>(If known)                            |                                       |                                                                         |                                                                          | MM / DD / YYY      | <del></del>                                         |
| -                                                    | Form 106<br>e <b>J: Your E</b>        | <del></del>                                                             |                                                                          |                    | 12/15                                               |
| Be as complete<br>information. If<br>(if known). Ans | e and accurate as                     | possible. If two married people and ded, attach another sheet to this . | re filing together, both are equall<br>form. On the top of any additiona |                    |                                                     |
| 1. Is this a join                                    | nt case?                              |                                                                         |                                                                          |                    |                                                     |
| ✓ No. Go                                             | to line 2                             |                                                                         |                                                                          |                    |                                                     |
|                                                      | oes Debtor 2 live in                  | a separate household?                                                   |                                                                          |                    |                                                     |
|                                                      | ¬ No                                  |                                                                         |                                                                          |                    |                                                     |
| L                                                    | <b>_</b>                              | unt file Official Forms 106 L 2 Even                                    | nses for Separate Household of Debt                                      | or 2               |                                                     |
| 0. Da ha                                             |                                       |                                                                         | ises for separate nouserfold of Debt                                     | 01 2.              |                                                     |
| -                                                    | e dependents?                         | No                                                                      |                                                                          |                    |                                                     |
| Do not list D<br>Debtor 2.                           | ebtor I and                           | Yes. Fill out this information for each dependent                       | Dependent's relationship to<br>Debtor 1 or Debtor 2                      | Dependent's<br>age | Does dependent live with you?                       |
|                                                      |                                       | •••••                                                                   | Child                                                                    | 14 years           | No.                                                 |
|                                                      |                                       |                                                                         |                                                                          |                    | Yes.                                                |
|                                                      | enses include<br>f people other       | No                                                                      |                                                                          |                    |                                                     |
| yourself and<br>dependents                           | _                                     | Yes                                                                     |                                                                          |                    |                                                     |
| Part 2: Estin                                        | mate Your Ongo                        | ing Monthly Expenses                                                    |                                                                          |                    |                                                     |
| _                                                    | of a date after the b                 |                                                                         | rou are using this form as a supploplemental Schedule J, check the       | •                  | -                                                   |
|                                                      | •                                     | on-cash government assistance i<br>led it on Schedule I: Your Income    | -                                                                        |                    | Your expenses                                       |
|                                                      | or home ownershing the ground or lot. | <b>p expenses for your residence.</b> In<br>4.                          | clude first mortgage payments and                                        |                    | <b>\$1,250.00</b>                                   |
| If not incl                                          | uded in line 4:                       |                                                                         |                                                                          |                    |                                                     |

4a

4b.

4c.

4d.

\$0.00

\$0.00

\$0.00

\$0.00

4a. Real estate taxes

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

### Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 36 of 68

 Debtor 1
 Demetric
 R
 Neal
 Case number (if known)

 First Name
 Middle Name
 Last Name

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | First Name                         | Middle Name Last Name                                                     |     |               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------|-----|---------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                                                           |     | Your expenses |
| 6a. Electricity, heat, natural gas         6a.         \$100.00           6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$380.00           6d. Other. Specify:         6d.         \$0.00           7. Food and housekeeping supplies         7.         \$625.00           8. Childcare and children's education costs         8.         \$0.00           9. Ciothing, laundry, and dry cleaning         9.         \$125.00           10. Personal care products and services         11.         \$75.00           11. Medical and dental expenses         11.         \$75.00           11. Medical and dental expenses         11.         \$75.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$200.00           Do not include car payments         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15.         \$0.00           15b. Health insurance deducted from your pay or included in lines 4 or 20.         15a.         \$0.00           15c. Vahicle Insurance.         15c.         \$0.00           15c. Vahicle Insurance.         15c.         \$0.00 <tr< td=""><td>5. Additional mortgage paymen</td><td>ts for your residence, such as home equity loans</td><td>5.</td><td>\$0.00</td></tr<>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 5. Additional mortgage paymen      | ts for your residence, such as home equity loans                          | 5.  | \$0.00        |
| 6b. Water, sewer, garbage collection         6b.         \$0.00           6c. Telephone, cell phone, Internet, satellite, and cable services         6c.         \$380.00           6d. Other, Specify:         7.         \$625.00           7. Food and housekceping supplies         7.         \$625.00           8. Childcare and children's education costs         8.         \$0.00           9. Citothing, laundry, and dry cleaning         9.         \$125.00           10. Personal care products and services         10.         \$80.00           11. Medical and dental expenses         11.         \$75.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$200.00           10. not include care payments         13.         \$0.00           14. Charitable contributions and religious donations         13.         \$0.00           15. Insurance.         15.         \$0.00           15a. Life insurance deducted from your pay or included in lines 4 or 20.         15a. Life insurance         15a         \$0.00           15c. Vehicle insurance         15b         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00         \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 6. Utilities:                      |                                                                           |     |               |
| 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. \$380.00 6d. Other. Specify: 6d. \$300.00 7. Food and housekeeping supplies 7. Food and housekeeping supplies 8. \$90.00 9. Clothing, laundry, and dry cleaning 9. \$125.00 10. Personal care products and services 10. \$800.00 11. Medical and dental expenses 11. \$75.00 11. Medical and dental expenses 12. \$200.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Leath insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance. 15c. Vehicle insurance 15c. Vehicle insurance, Specify: 15c. Vehicle insurance 15c. Vehicle insurance, Specify: 15c. Vehicle insurance 15c. Vehicle insurance, Specify: 15c. V | 6a. Electricity, heat, natural gas |                                                                           | 6a. | \$100.00      |
| 6d. Other. Specify:         6d         \$0.00           7. Food and housekeeping supplies         7.         \$625.00           8. Childcare and children's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$125.00           10. Personal care products and services         10.         \$80.00           11. Medical and dental expenses         11.         \$75.00           12. Transportation, Include gas, maintenance, bus or train fare.         12.         \$200.00           Do not include care payments         13.         \$0.00           13. Entertainment, clubs, recreation, newspapers, magazines, and books         13.         \$0.00           15. Insurance.         15.         \$0.00           15a. Lile insurance deducted from your pay or included in lines 4 or 20.         15a. Lile insurance         15a.         \$0.00           15b. Health insurance         15b.         \$0.00         \$0.00           15c. Vehicle insurance.         15c         \$0.00           15c. Vehicle insurance.         \$0.00         \$0.00           15c. Vehicle insurance.         \$0.00         \$0.00           15c. Taxes, Do not include taxes deducted from your pay or included in lines 4 or 20.         \$0.00           17c. Car payments for Vehicle 2         17a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6b. Water, sewer, garbage colle    | ection                                                                    | 6b. | \$0.00        |
| 7. Food and housekeeping supplies         7.         \$825.00           8. Childcare and childcare's education costs         8.         \$0.00           9. Clothing, laundry, and dry cleaning         9.         \$125.00           10. Personal care products and services         10.         \$800.00           11. Medical and dental expenses         11.         \$75.00           12. Transportation. Include gas, maintenance, bus or train fare.         12.         \$200.00           Do not include car payments         13.         \$0.00           14. Charitable contributions and religious donations         14.         \$0.00           15. Insurance.         15a         \$0.00           Do not include insurance ededucted from your pay or included in lines 4 or 20.         15a         \$0.00           15b. Health insurance         15a         \$0.00           15c. Vehicle insurance         15a         \$0.00           15c. Vehicle insurance         15a         \$0.00           15c. Vehicle insurance. Specify:         15a         \$0.00           15c. Vehicle insurance. Spe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6c. Telephone, cell phone, Inte    | ernet, satellite, and cable services                                      | 6c. | \$380.00      |
| 8. \$0.00 9. Clothing, laundry, and dry cleaning 9. \$125.00 10. Personal care products and services 10. \$80.00 11. Medical and dental expenses 11. \$75.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. \$0.00 14. Charitable contributions and religious donations 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. 15r. August 15c. Vehicle insurance 15c. Taxes port include taxes deducted from your pay or included in lines 4 or 20. 15c. Taxes port include taxes deducted from your pay or included in lines 4 or 20. 15c. Taxes port include taxes deducted from your pay or included in lines 4 or 20. 15c. Taxes port include taxes deducted from your pay or included in lines 4 or 20. 15c. Car payments for Vehicle 1 17c. Car payments for Vehicle 1 17c. Car payments for Vehicle 2 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Specify: 19. \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). 18. Your payments you make to support others who do not live with you. 19. \$0.00 20. Cher real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. \$0.00 20d. Maintenance, repair, and upkeep expenses.                                                                                                                                                           | 6d. Other. Specify:                |                                                                           | 6d  | \$0.00        |
| 9. Clothing, laundry, and dry cleaning       9, \$125.00         10. Personal care products and services       10. \$80.00         11. Medical and dental expenses       11. \$75.00         12. Transportation, Include gas, maintenance, bus or train fare.       12. \$200.00         Do not include car payments       13. \$0.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13. \$0.00         14. Charitable contributions and religious donations       14. \$0.00         15. Insurance.       15a       \$0.00         15b. Health insurance deducted from your pay or included in lines 4 or 20.       15a       \$0.00         15c. Vehicle insurance       15b       \$0.00         15c. Vehicle insurance       15c       \$0.00         15c. Vehicle insurance. Specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7. Food and housekeeping supp      | blies                                                                     | 7.  | \$625.00      |
| 10. Personal care products and services 11. Medical and dental expenses 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. Entertainment, clubs, recreation, newspapers, netertainment, clubs, netertainm        | 8. Childcare and children's edu    | cation costs                                                              | 8.  | \$0.00        |
| 11. Medical and dental expenses       11.       \$75.00         12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments       12.       \$200.00         13. Entertainment, clubs, recreation, newspapers, magazines, and books       13.       \$0.00         14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a.       \$0.00         15b. Health insurance       15a.       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 9. Clothing, laundry, and dry cle  | eaning                                                                    | 9.  | \$125.00      |
| 12.   Transportation. Include gas, maintenance, bus or train fare. Do not include car payments   12.   \$200.00     13.   Entertainment, clubs, recreation, newspapers, magazines, and books   13.   \$0.00     14.   Charitable contributions and religious donations   14.   \$0.00     15.   Insurance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10. Personal care products and     | services                                                                  | 10. | \$80.00       |
| Do not include car payments   13.   13.   13.   13.   13.   13.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.   14.           | 11. Medical and dental expense     | es                                                                        | 11. | \$75.00       |
| 14. Charitable contributions and religious donations       14.       \$0.00         15. Insurance.       00 not include insurance deducted from your pay or included in lines 4 or 20.       15a. Life insurance       15a       \$0.00         15b. Life insurance       15b       \$0.00       15b       \$0.00       15c. Vehicle insurance       15c       \$0.00       15c. Vehicle insurance. Specify:       15d       \$0.00       15d. \$0.00       \$0.00       15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.       \$0.00       \$0.00       16.       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00       \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del>_</del> _                     | maintenance, bus or train fare.                                           | 12. | \$200.00      |
| 15. Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.  15a. Life insurance  15a. \$0.00  15b. Health insurance  15b. \$0.00  15c. Vehicle insurance  15c. \$0.00  15d. Other insurance. Specify:  15d. \$0.00  16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:  17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. \$0.00  17d. Other. Specify:  17d. \$0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule 1, Your Income (Official Form 1061).  18. Your payments you make to support others who do not live with you.  Specify:  20a. \$0.00  20b. Real estate taxes.  20b. \$0.00  20c. Property, homeowner's, or renter's insurance  20d. \$0.00  20d. Maintenance, repair, and upkeep expenses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 13. Entertainment, clubs, recre    | ation, newspapers, magazines, and books                                   | 13. | \$0.00        |
| Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance   15a   \$0.00 15b. Health insurance   15b   \$0.00 15c. Vehicle insurance   15c   \$0.00 15c. Vehicle insurance   15c   \$0.00 15d. Other insurance. Specify:   15d   \$0.00 15d. Other insurance. Specify:   16   \$0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:   16   \$0.00 17. Installment or lease payments:   17a   \$0.00 17b. Car payments for Vehicle 1   17a   \$0.00 17c. Other. Specify:   17b   \$0.00 17c. Other. Specify:   17c   \$0.00 17d. Other. Specify:   17d   \$0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   18. 19. Other payments you make to support others who do not live with you. Specify:   19.   \$0.00 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property   20a   \$0.00 20b. Real estate taxes.   20b   \$0.00 20c. Property, homeowner's, or renter's insurance   20c   \$0.00 20d. Maintenance, repair, and upkeep expenses.   20d   \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 14. Charitable contributions an    | d religious donations                                                     | 14. | \$0.00        |
| 15b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    | cted from your pay or included in lines 4 or 20.                          |     |               |
| 15c. Vehicle insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 15a. Life insurance                |                                                                           | 15a | \$0.00        |
| 15d. Other insurance. Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 15b. Health insurance              |                                                                           | 15b | \$0.00        |
| Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                                                                           | 15c | \$0.00        |
| Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 15d. Other insurance. Specify:     |                                                                           | 15d | \$0.00        |
| 17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. \$0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. 19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 16. Taxes. Do not include taxes of | leducted from your pay or included in lines 4 or 20.                      |     |               |
| 17. Installment or lease payments:  17a. Car payments for Vehicle 1  17b. Car payments for Vehicle 2  17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. Other. Specify:  17d. S0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  19. \$0.00  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a \$0.00  20b. Real estate taxes.  20b \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Specify:                           |                                                                           | 16  | \$0.00        |
| 17b. Car payments for Vehicle 2  17c. Other. Specify:  17c. Other. Specify:  17d. \$0.00  17d. Other. Specify:  17d. \$0.00  18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).  18. 19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$0.00  20b. Real estate taxes.  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 17. Installment or lease payme     | nts:                                                                      |     |               |
| 17c. Other. Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 17a. Car payments for Vehicle      | 1                                                                         | 17a | \$0.00        |
| 17d. Other. Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 17b. Car payments for Vehicle      | 2                                                                         | 17b | \$0.00        |
| 17d. Other. Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 17c. Other. Specify:               |                                                                           | 17c | \$0.00        |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).  19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$0.00  20b. Real estate taxes.  20c. \$0.00  20c. Property, homeowner's, or renter's insurance  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                                                                           | 17d | \$0.00        |
| 19. Other payments you make to support others who do not live with you.  Specify:  20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property  20a. \$0.00  20b. Real estate taxes.  20b. \$0.00  20c. Property, homeowner's, or renter's insurance  20c. \$0.00  20d. Maintenance, repair, and upkeep expenses.  20d. \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |                                                                           |     | \$0.00        |
| Specify:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                                                                           | 18. |               |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.  20a. Mortgages on other property 20b. Real estate taxes. 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | , , ,                              | b support others who do not live with you.                                | 10  | <b>£0.00</b>  |
| 20a. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes. 20b \$0.00 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses. 20d \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -                                  | s not included in lines 4 or 5 of this form or on Schedule I: Your Income | 19. | <del></del>   |
| 20b. Real estate taxes.  20b. \$0.00 20c. Property, homeowner's, or renter's insurance 20c. \$0.00 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | , , , ,                            |                                                                           | 20a | \$0.00        |
| 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses. 20d. \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                                                                           |     |               |
| 20d. Maintenance, repair, and upkeep expenses.  20d \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 20c. Property, homeowner's, o      | or renter's insurance                                                     |     |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 20d. Maintenance, repair, and      | upkeep expenses.                                                          |     |               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 20e. Homeowner's association       | or condominium dues                                                       | 20e | \$0.00        |

## Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 37 of 68

| Debtor 1 Deme         |                              | R           | Neal                                                        | Case number (if known) |     |            |
|-----------------------|------------------------------|-------------|-------------------------------------------------------------|------------------------|-----|------------|
| First I               | Name                         | Middle Name | Last Name                                                   |                        |     |            |
| 21. <b>Other.</b> Spe | cify:                        |             |                                                             |                        | 21  | \$0.00     |
|                       |                              |             |                                                             |                        |     |            |
|                       | your monthly expenses.       |             |                                                             |                        |     | \$2,835.00 |
|                       | nes 4 through 21.            |             |                                                             |                        |     | \$0.00     |
| . ,                   | ` , ,                        | ,,          | from Official Form 106J-2                                   |                        |     | \$2,835.00 |
|                       | ne 22a and 22b. The result   |             | enses.                                                      |                        | 22. |            |
| 23. Calculate         | your monthly net income      | ·-          |                                                             |                        |     |            |
| 23a. Copy             | line 12 (your combined mo    |             | 23a                                                         | \$2,810.38             |     |            |
| 23b. Copy             | your monthly expenses fro    |             | 23b                                                         | \$2,835.00             |     |            |
|                       | act your monthly expenses    |             | ncome.                                                      |                        |     | (\$24.62)  |
| The re                | esult is your monthly net in | come.       |                                                             |                        | 23c |            |
|                       |                              |             | oan within the year or do y<br>nodification to the terms of |                        |     |            |

### Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 38 of 68

| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |
|-------------------------------------------------|---------------------------|-------------|------------------------------|--|--|--|--|
| Debtor 1                                        | Demetric                  | R           | Neal                         |  |  |  |  |
|                                                 | First Name                | Middle Name | Last Name                    |  |  |  |  |
| Debtor 2                                        |                           |             |                              |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |
| Case number (If known)                          |                           |             | (,                           |  |  |  |  |

### Official Form 106Dec

Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below                                                  |                                                                                               |
|-----|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|     | Did you pay or agree to pay someone who is NOT an attorney to    | help you fill out bankruptcy forms?                                                           |
|     | <b>✓</b> No                                                      |                                                                                               |
|     | Yes. Name of person                                              | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|     |                                                                  |                                                                                               |
|     |                                                                  |                                                                                               |
|     | Under penalty of perjury, I declare that I have read the summary | and schedules filed with this declaration and                                                 |
|     | that they are true and correct.                                  |                                                                                               |
| ×   | /s/ Demetric Neal                                                | ×                                                                                             |
|     | Signature of Debtor 1                                            | Signature of Debtor 2                                                                         |
|     | Date 12/12/2017                                                  | Date                                                                                          |
|     | MM/DD/YYYY                                                       | MM/DD/YYYY                                                                                    |

Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 39 of 68

| Fill in this info       | ormation to identify your           | case:                             |                                                                                    |                   |             |                 |                                    |
|-------------------------|-------------------------------------|-----------------------------------|------------------------------------------------------------------------------------|-------------------|-------------|-----------------|------------------------------------|
| Debtor 1                | Demetric                            | R                                 | Neal                                                                               |                   |             |                 |                                    |
| Debtor 2                | First Name                          | Middle                            | Name Last Nan                                                                      | ne                |             |                 |                                    |
| (Spouse, if filing)     | First Name                          | Middle                            | Name Last Nan                                                                      | ne                |             |                 |                                    |
| United States           | Bankruptcy Court for the:           | Northern                          | District of Illino (Sta                                                            |                   |             |                 |                                    |
| Case number             |                                     |                                   | (01.0                                                                              |                   |             |                 |                                    |
| Official                | Form 107                            |                                   |                                                                                    |                   |             |                 | Check if this is an amended filing |
|                         |                                     | al Affairs f                      | or Individuals                                                                     | Filing for        | r Bankru    | ıptcv           | 04/16                              |
| Be as complinformation. | ete and accurate as po              | ossible. If two med, attach a sep | arried people are filing<br>arate sheet to this form                               | together, both    | are equally | responsible for |                                    |
| Part 1: Giv             | e Details About Your                | Marital Status                    | and Where You Lived                                                                | Before            |             |                 |                                    |
| 1. What is              | s your current marital st           | atus?                             |                                                                                    |                   |             |                 |                                    |
|                         | arried<br>ot married                |                                   |                                                                                    |                   |             |                 |                                    |
| 2. During               | the last 3 years, have y            | ou lived anywher                  | e other than where you li                                                          | ive now?          |             |                 |                                    |
| ✓ No                    |                                     | ou lived in the las               | t 3 years. Do not include                                                          | where you live r  | now.        |                 |                                    |
| De                      | ebtor 1:                            |                                   | Dates Debtor 1 lived there                                                         | Debtor 2:         |             |                 | Dates Debtor 2 lived there         |
|                         |                                     |                                   |                                                                                    | Same as           | Debtor 1    |                 | Same as Debtor 1                   |
| Nu                      | umber Street                        |                                   | From                                                                               | Number Stre       | et          |                 | From                               |
|                         |                                     |                                   | То                                                                                 |                   |             |                 | To                                 |
| Cit                     | ty State                            | Zip Code                          |                                                                                    | City              | State       | Zip Code        |                                    |
|                         |                                     |                                   |                                                                                    | Same as           | Debtor 1    |                 | Same as Debtor 1                   |
| Nu Nu                   | ımber Street                        |                                   | From                                                                               | Number Stre       | et          |                 | From                               |
|                         |                                     |                                   | To                                                                                 |                   |             |                 | То                                 |
| Cit                     | ty State                            | Zip Code                          |                                                                                    | City              | State       | Zip Code        |                                    |
|                         |                                     |                                   |                                                                                    |                   |             | · ·             |                                    |
| and territo             | <i>ories</i> include Arizona, Calif | ornia, Idaho, Louis               | pouse or legal equivalent<br>siana, Nevada, New Mexico<br>Codebtors (Official Form | , Puerto Rico, Te |             |                 |                                    |

#### Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 40 of 68

Neal

R

| Debt        | or 1                  | Demetric R                                                                                                                                                                                                                   | Neal                                                                                       | Case n                                                                                     | umber (if known)                                       |                                                                  |
|-------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------|
|             |                       | First Name Middl                                                                                                                                                                                                             | e Name Last Nar                                                                            | me                                                                                         |                                                        |                                                                  |
| Part        | 2:                    | Explain the Sources of Your In                                                                                                                                                                                               | come                                                                                       |                                                                                            |                                                        |                                                                  |
|             | Fill i                | you have any income from employn<br>n the total amount of income you recei<br>rities. If you are filing a joint case and y<br>No<br>Yes. Fill in the details.                                                                | ived from all jobs and all busi                                                            | nesses, including part-time                                                                |                                                        | irs?                                                             |
|             |                       |                                                                                                                                                                                                                              | Debtor 1                                                                                   |                                                                                            | Debtor 2                                               |                                                                  |
|             |                       |                                                                                                                                                                                                                              | Sources of income<br>Check all that apply.                                                 | Gross income<br>(before deductions and<br>exclusions)                                      | Sources of income<br>Check all that apply.             | Gross income<br>(before deductions and<br>exclusions)            |
|             |                       | om January 1 of current year until<br>e date you filed for bankruptcy:                                                                                                                                                       | ✓ Wages,<br>commissions,<br>bonuses, tips<br>Operating a<br>business                       | \$36900.00                                                                                 | Wages, commissions, bonuses, tips Operating a business |                                                                  |
|             |                       | or last calendar year: anuary 1 to December 31, 2016 )  YYYY                                                                                                                                                                 | Wages, commissions, bonuses, tips Operating a business                                     | \$19079.00                                                                                 | Wages, commissions, bonuses, tips Operating a business |                                                                  |
|             |                       | or the calendar year before that:<br>anuary 1 to December 31, 2015 )<br>YYYY                                                                                                                                                 | ✓ Wages, commissions, bonuses, tips ✓ Operating a business                                 | \$43000.00                                                                                 | Wages, commissions, bonuses, tips Operating a business |                                                                  |
| I<br>p<br>f | nclu<br>oubl<br>iling | you receive any other income during the income regardless of whether that is benefit payments; pensions; rental in a joint case and you have income that each source and the gross income from No  Yes. Fill in the details. | ncome is taxable. Examples of come; interest; dividends; me you received together, list it | of other income are alimony;<br>oney collected from lawsuits;<br>only once under Debtor 1. | royalties; and gambling and lot                        |                                                                  |
|             |                       |                                                                                                                                                                                                                              | Debtor 1                                                                                   |                                                                                            | Debtor 2                                               |                                                                  |
|             |                       |                                                                                                                                                                                                                              | Sources of income<br>Describe below.                                                       | Gross income from each source (before deductions and exclusions)                           | Sources of income<br>Describe below.                   | Gross income from each source (before deductions and exclusions) |
|             |                       | rom January 1 of current year until<br>ne date you filed for bankruptcy:                                                                                                                                                     |                                                                                            |                                                                                            |                                                        |                                                                  |
|             |                       | or last calendar year: lanuary 1 to December 31, 2016 )  YYYY                                                                                                                                                                | -                                                                                          |                                                                                            |                                                        |                                                                  |
|             |                       | or the calendar year before that: lanuary 1 to December 31, 2015 YYYYY                                                                                                                                                       | . ====                                                                                     |                                                                                            |                                                        |                                                                  |
|             |                       |                                                                                                                                                                                                                              |                                                                                            |                                                                                            |                                                        |                                                                  |

### Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 41 of 68

Neal Debtor 1 Demetric \_\_ Case number (if known) Middle Name First Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors

Other

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 42 of 68

| Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insider include your relatives, any general partners; petatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, preson in control, or owner of 20% or more of their voting securities; and any managing agent, including not for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.  No  Yes. List all payments to an insider.  Dates of payment Total amount paid will own.  Insider's Name  Number Street  City State Zip Code  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?  No  Yes. List all payments that benefited an insider.  Dates of payment and alimony.  Dates of payment Amount you still own.  Pagment Amount you for this payment insider.  Amount you Reason for this payment insider.  Amount you Reason for this payment insider.  City State Zip Code  Insider's Name  Number Street  City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | otor 1 Demetric                                                    |                                                         | R                                                                     | Nea                                     | ıl                                           | Case number                                 | (if known)                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|----------------------------------------------|---------------------------------------------|-------------------------------------------------------------|
| Insider include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; celatives of any general partner; partnerships of which you are a general partner; celatives of any general partner; person in control, or owner of 20% or more of their voting securities, and managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.  No Yes. List all payments to an insider.    Dates of payment   Dates of   Da | First Name                                                         |                                                         | Middle Name                                                           | Last                                    | Name                                         |                                             |                                                             |
| Yes. List all payments to an insider.    Dates of payment   Total amount pount still owe   Reason for this payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Insiders include corporations of agent, including such as child su | your relatives; a<br>which you are a<br>one for a busir | ny general partners<br>an officer, director, p<br>ness you operate as | s; relatives of any goerson in control, | general partners; part<br>or owner of 20% or | nerships of which y<br>more of their voting | ou are a general partner;<br>g securities; and any managing |
| Dates of payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                                         |                                                                       |                                         |                                              |                                             |                                                             |
| Insider's Name Number Street  City State Zip Code  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.  No Yes. List all payments that benefited an insider.  Dates of payment paid  Total amount paid  Insider's Name  Number Street  City State Zip Code  Insider's Name  Number Street  City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes. List a                                                        | Il payments to                                          | an insider.                                                           |                                         |                                              |                                             |                                                             |
| Number Street    City   State   Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                    |                                                         |                                                                       |                                         |                                              |                                             | Reason for this payment                                     |
| City State Zip Code    Insider's Name   Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Insider's Na                                                       | ame                                                     |                                                                       |                                         |                                              |                                             |                                                             |
| Insider's Name Number Street  City State Zip Code  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.  No Yes. List all payments that benefited an insider.  Dates of payment paid Still owe Still owe Include creditor's name  Insider's Name Number Street  City State Zip Code  Insider's Name Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Number Str                                                         | reet                                                    |                                                                       |                                         |                                              |                                             |                                                             |
| Number Street  City State Zip Code  Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?  Include payments on debts guaranteed or cosigned by an insider.  No  Yes. List all payments that benefited an insider.  Dates of payment paid Amount you still owe Include creditor's name  Insider's Name  Number Street  City State Zip Code  Insider's Name  Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | City                                                               | State                                                   | Zip Code                                                              |                                         |                                              |                                             |                                                             |
| City   State   Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Insider's Na                                                       | ame                                                     |                                                                       |                                         |                                              |                                             |                                                             |
| Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?  Include payments on debts guaranteed or cosigned by an insider.  No  Yes. List all payments that benefited an insider.  Dates of payment  Dates of payment  Dates of payment  Total amount pour still owe  Insider's Name  Number Street  City State Zip Code  Insider's Name  Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Number Str                                                         | reet                                                    |                                                                       |                                         |                                              |                                             |                                                             |
| Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?  Include payments on debts guaranteed or cosigned by an insider.  No Yes. List all payments that benefited an insider.  Dates of payment paid  Total amount poud still owe  Insider's Name  Number Street  City State Zip Code  Insider's Name  Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City                                                               | State                                                   | Zip Code                                                              |                                         |                                              |                                             |                                                             |
| Insider's Name  Number Street  City State Zip Code  Insider's Name  Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Include paymen                                                     |                                                         | _                                                                     | ider.  Dates of                         |                                              | -                                           |                                                             |
| Number Street  City State Zip Code  Insider's Name  Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                    |                                                         |                                                                       |                                         |                                              |                                             | include creditor's name                                     |
| City State Zip Code  Insider's Name  Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Insider's Na                                                       | ame                                                     |                                                                       |                                         |                                              |                                             |                                                             |
| Insider's Name Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Number Str                                                         | reet                                                    |                                                                       |                                         |                                              |                                             |                                                             |
| Number Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | City                                                               | State                                                   | Zip Code                                                              |                                         |                                              |                                             |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Insider's Na                                                       | ame                                                     |                                                                       |                                         |                                              |                                             |                                                             |
| City State 7in Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Number Str                                                         | reet                                                    |                                                                       |                                         |                                              |                                             |                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                    |                                                         |                                                                       |                                         |                                              |                                             |                                                             |

### Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 43 of 68

Neal Debtor 1 Demetric Case number (if known) Middle Name First Name Last Name Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No ◪ Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property 2011 Dodge Charge SE 10/2017 \$8175 ALLY FINANCIAL Creditor's Name Explain what happened PO BOX 380901 Number Street Property was repossessed. Property was foreclosed. BLOOMINGTON Minnesota 55438 Property was garnished. State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 44 of 68

| Debt | tor 1 Demetric                                         | R                        | Neal                        | Case number (if known)                        |                        |
|------|--------------------------------------------------------|--------------------------|-----------------------------|-----------------------------------------------|------------------------|
|      | First Name                                             | Middle Name              | Last Name                   |                                               |                        |
| 11.  | Within 90 days before you accounts or refuse to make   |                          |                             | bank or financial institution, set off any am | ounts from your        |
|      | ✓ No ✓ Yes. Fill in the details.                       |                          |                             |                                               |                        |
|      |                                                        |                          | Describe the action the     | ne creditor took Date action was taken        | Amount                 |
|      | Creditor's Name                                        |                          | -                           |                                               |                        |
|      | Number Street                                          |                          | -                           |                                               |                        |
|      |                                                        |                          | _ Last 4 digits of account  | number: XXXX-                                 |                        |
|      | City Stat                                              | te Zip Code              | -                           |                                               |                        |
| 12.  | Within 1 year before you fi appointed receiver, a cust |                          |                             | possession of an assignee for the benefit o   | of creditors, a court- |
|      | ✓ No ☐ Yes                                             |                          |                             |                                               |                        |
| Part | List Certain Gifts an                                  | nd Contributions         |                             |                                               |                        |
| 13.  | Within 2 years before you                              | filed for bankruptcy, di | d you give any gifts with a | total value of more than \$600 per person?    |                        |
|      | No Yes. Fill in the details                            | for each gift.           |                             |                                               |                        |
|      | Gifts with a total valu                                | e of more than \$600     | Describe the gifts          | Dates you gave the gifts                      | Value                  |
|      |                                                        |                          |                             |                                               |                        |
|      | Person to Whom You G                                   | Save the Gift            | -<br>-                      |                                               |                        |
|      | Number Street                                          |                          | -                           |                                               |                        |
|      | City Stat                                              | te Zip Code              | -                           |                                               |                        |
|      | Person's relationship to                               | you                      |                             |                                               |                        |
|      | Person to Whom You G                                   | Gave the Gift            | <u>-</u>                    |                                               |                        |
|      | Number Street                                          |                          | -                           |                                               |                        |
|      | City Stat  Person's relationship to                    | ·                        | -                           |                                               |                        |
|      |                                                        | •                        |                             |                                               |                        |

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 45 of 68

| Debtor 1 | Demetric                                                                                                                                                   | R                                       | Neal Case                                                                                   | number (if known)   |                                    |                   |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------|---------------------|------------------------------------|-------------------|
|          | First Name                                                                                                                                                 | Middle Name                             | Last Name                                                                                   | _                   |                                    |                   |
|          |                                                                                                                                                            |                                         |                                                                                             |                     |                                    |                   |
| . Wit    | thin 2 years before you fi                                                                                                                                 | led for bankruptcy, did                 | you give any gifts or contributions with                                                    | a total value of mo | re than \$600                      | to any charity?   |
|          | No                                                                                                                                                         |                                         |                                                                                             |                     |                                    |                   |
| ✓        |                                                                                                                                                            |                                         |                                                                                             |                     |                                    |                   |
|          | Yes. Fill in the details fo                                                                                                                                | or each gift or contributi              | on.                                                                                         |                     |                                    |                   |
|          | Gifts or contributions t                                                                                                                                   | to charities                            | Describe what you contributed                                                               | D                   | ate you                            | Value             |
|          | that total more than \$6                                                                                                                                   |                                         |                                                                                             |                     | ontributed                         |                   |
|          |                                                                                                                                                            |                                         |                                                                                             |                     |                                    |                   |
|          |                                                                                                                                                            |                                         | <u>-</u>                                                                                    | <u> </u>            |                                    |                   |
|          | Charity's Name                                                                                                                                             |                                         |                                                                                             |                     |                                    |                   |
|          |                                                                                                                                                            |                                         | _                                                                                           |                     |                                    |                   |
|          |                                                                                                                                                            |                                         |                                                                                             |                     |                                    |                   |
|          | Number Street                                                                                                                                              |                                         | -                                                                                           |                     |                                    |                   |
|          |                                                                                                                                                            |                                         |                                                                                             |                     |                                    |                   |
|          | City State                                                                                                                                                 | zip Code                                | -                                                                                           |                     |                                    |                   |
|          |                                                                                                                                                            |                                         |                                                                                             |                     |                                    |                   |
| rt 6:    | List Certain Losses                                                                                                                                        |                                         |                                                                                             |                     |                                    |                   |
| <b>✓</b> | No Yes. Fill in the details.  Describe the property                                                                                                        | -                                       | Describe any insurance coverage for                                                         |                     | Date of your                       | Value of property |
|          | how the loss occurred                                                                                                                                      |                                         | Include the amount that insurance has pending insurance claims on line 33 or A/B: Property. |                     | oss                                | lost              |
|          |                                                                                                                                                            |                                         |                                                                                             |                     |                                    |                   |
|          |                                                                                                                                                            |                                         |                                                                                             |                     |                                    |                   |
| T.       | List Certain Paymen                                                                                                                                        | te or Transfore                         |                                                                                             |                     |                                    |                   |
|          | No                                                                                                                                                         |                                         | or credit counseling agencies for services req                                              |                     |                                    |                   |
| <b>✓</b> | Yes. Fill in the details.                                                                                                                                  |                                         |                                                                                             |                     |                                    |                   |
|          |                                                                                                                                                            |                                         | Description and value of any propert transferred                                            | or                  | ate payment<br>transfer<br>as made |                   |
|          | 0                                                                                                                                                          |                                         |                                                                                             | W                   | as made                            | Amount of payment |
|          | Semrad Law Firm                                                                                                                                            |                                         |                                                                                             |                     |                                    | payment           |
|          | Person Who Was Paid                                                                                                                                        |                                         | Attorney's Fee - 0.00                                                                       | 12                  | 2/12/2017                          |                   |
|          | 00 0 01-1-0:                                                                                                                                               |                                         | Attorney's Fee - 0.00                                                                       | 12                  | 2/12/2017                          | payment           |
|          | 20 S. Clark Street                                                                                                                                         |                                         | Attorney's Fee - 0.00                                                                       | 12                  | 2/12/2017                          | payment           |
|          | 20 S. Clark Street  Number Street                                                                                                                          |                                         | Attorney's Fee - 0.00                                                                       | 12                  | 2/12/2017                          | payment           |
|          |                                                                                                                                                            |                                         | Attorney's Fee - 0.00                                                                       | 12                  | 2/12/2017                          | payment           |
|          | Number Street<br>28th Floor                                                                                                                                | 00000                                   | Attorney's Fee - 0.00                                                                       | 12                  | 2/12/2017                          | payment           |
|          | Number Street 28th Floor Chicago Illinoi                                                                                                                   |                                         | Attorney's Fee - 0.00                                                                       | 12                  | 2/12/2017                          | payment           |
|          | Number Street<br>28th Floor                                                                                                                                |                                         | Attorney's Fee - 0.00                                                                       | 12                  | 2/12/2017                          | payment           |
|          | Number Street  28th Floor  Chicago Illinoi  City State                                                                                                     | Zip Code                                | Attorney's Fee - 0.00                                                                       | 12                  | 2/12/2017                          | payment           |
|          | Number Street  28th Floor  Chicago Illinoi  City State  Email or website address                                                                           | Zip Code                                | Attorney's Fee - 0.00                                                                       | 12                  | 2/12/2017                          | payment           |
|          | Number Street  28th Floor  Chicago Illinoi City State  Email or website address None                                                                       | Zip Code                                | Attorney's Fee - 0.00                                                                       | 12                  | 2/12/2017                          | payment           |
|          | Number Street  28th Floor  Chicago Illinoi  City State  Email or website address                                                                           | Zip Code                                | Attorney's Fee - 0.00                                                                       | 12                  | 2/12/2017                          | payment           |
|          | Number Street  28th Floor  Chicago Illinoi City State  Email or website address None Person Who Made the P                                                 | Zip Code                                | Attorney's Fee - 0.00                                                                       | 12                  | 2/12/2017                          | payment           |
|          | Number Street  28th Floor  Chicago Illinoi City State  Email or website address None                                                                       | Zip Code                                | Attorney's Fee - 0.00                                                                       | 12                  | 2/12/2017                          | payment           |
|          | Number Street  28th Floor  Chicago Illinoi City State  Email or website address None  Person Who Made the P                                                | Zip Code                                | Attorney's Fee - 0.00                                                                       | <u>12</u>           | 2/12/2017                          | payment           |
|          | Number Street  28th Floor  Chicago Illinoi City State  Email or website address None Person Who Made the P                                                 | Zip Code                                | Attorney's Fee - 0.00                                                                       | <u>12</u>           | 2/12/2017                          | payment           |
|          | Number Street  28th Floor  Chicago Illinoi City State  Email or website address None  Person Who Made the P                                                | Zip Code                                | Attorney's Fee - 0.00                                                                       | <u>12</u>           | 2/12/2017                          | payment           |
|          | Number Street  28th Floor  Chicago Illinoi City State  Email or website address None  Person Who Made the P                                                | Zip Code                                | Attorney's Fee - 0.00                                                                       | <u>12</u>           | 2/12/2017                          | payment           |
|          | Number Street  28th Floor  Chicago Illinoi City State  Email or website address None Person Who Made the P  Person Who Was Paid  Number Street             | Zip Code  Sayment, if Not You           | Attorney's Fee - 0.00                                                                       | <u>12</u>           | 2/12/2017                          | payment           |
|          | Number Street  28th Floor  Chicago Illinoi City State  Email or website address None  Person Who Made the P                                                | Zip Code  Sayment, if Not You           | Attorney's Fee - 0.00                                                                       | <u>12</u>           | 2/12/2017                          | payment           |
|          | Number Street  28th Floor  Chicago Illinoi City State  Email or website address None Person Who Made the P  Person Who Was Paid  Number Street             | Zip Code  Sayment, if Not You  Zip Code | Attorney's Fee - 0.00                                                                       | <u>12</u>           | 2/12/2017                          | payment           |
|          | Number Street  28th Floor  Chicago Illinoi City State  Email or website address None Person Who Made the P  Person Who Was Paid  Number Street  City State | Zip Code  Sayment, if Not You  Zip Code | Attorney's Fee - 0.00                                                                       | <u>12</u>           | 2/12/2017                          | payment           |

## Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 46 of 68

| Debtor          | 1 Demetric                                          | R                                                      |                                                                              | se number <i>(if known</i> )                                    |                              |
|-----------------|-----------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------|
|                 | First Name                                          | Middle Name                                            | Last Name                                                                    |                                                                 |                              |
| he              | elp you deal with your croponot include any payment | editors or to make payn                                | you or anyone else acting on your behanents to your creditors? I on line 16. | alf pay or transfer any property to                             | anyone who promised to       |
| <b>▽</b>        | No Yes. Fill in the details.                        |                                                        |                                                                              |                                                                 |                              |
|                 |                                                     |                                                        | Description and value of any prop transferred                                | erty Date payment or transfer was made                          | Amount of payment            |
|                 | Person Who Was Paid                                 |                                                        | -                                                                            |                                                                 |                              |
|                 | Number Street                                       |                                                        | <del>-</del><br>-                                                            |                                                                 |                              |
|                 | City Stat                                           | te Zip Code                                            | -                                                                            |                                                                 |                              |
| <b>th</b><br>In | e ordinary course of you                            | r business or financial a<br>ers and transfers made as | security (such as the granting of a security                                 |                                                                 |                              |
| _               |                                                     |                                                        | Description and value of property transferred                                | Describe any property or payments received or debts in exchange | Date paid transfer was made  |
|                 | Person Who Received                                 | Fransfer                                               | -                                                                            |                                                                 |                              |
|                 | Number Street                                       |                                                        | _                                                                            |                                                                 |                              |
|                 | City Stat<br>Person's relationship to               | •                                                      | -                                                                            |                                                                 |                              |
|                 | Person Who Received                                 | Transfer                                               | -                                                                            |                                                                 |                              |
|                 | Number Street                                       |                                                        | -                                                                            |                                                                 |                              |
|                 | City Stat<br>Person's relationship to               | •                                                      | -                                                                            |                                                                 |                              |
| be              | eneficiary?<br>hese are often called asset          |                                                        | id you transfer any property to a self-se                                    | ttled trust or similar device of wh                             | nich you are a               |
|                 | Yes. Fill in the details.                           |                                                        | Description and value of the property                                        | perty transferred                                               | Date<br>transfer was<br>made |
|                 | Name of trust                                       |                                                        |                                                                              |                                                                 |                              |

### Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 47 of 68

R Neal Debtor 1 Demetric Case number (if known) Middle Name First Name Last Name List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was number instrument before closed, sold, closing or moved, or transfer transferred US Bank Checking XXXX-0000 5/2017 \$ 0.00 Person Who Was Paid Savings 425 Walnut Street Number Street Money market Brokerage Cincinnati Ohio 45202 Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Number Street City State Zip Code City State Zip Code

### Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 48 of 68

Neal Debtor 1 Demetric Case number (if known) Middle Name Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code

## Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 49 of 68

| Debt |     | Demetric                                                                                                  |                                                                                                                          | R                                                                                                                      | Ne                                                                        |                                                                                | Case                               | e number <i>(it</i> | known)                |                 |                                  |
|------|-----|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------|---------------------|-----------------------|-----------------|----------------------------------|
|      |     | First Name                                                                                                |                                                                                                                          | Middle Name                                                                                                            | Las                                                                       | st Name                                                                        |                                    |                     |                       |                 |                                  |
| 26.  | Hav | e you been a part                                                                                         | y in any judic                                                                                                           | ial or administ                                                                                                        | rative proce                                                              | eding under                                                                    | any environmen                     | tal law? In         | clude settler         | ments and ord   | ers.                             |
|      | H   | Yes. Fill in the det                                                                                      | tails.                                                                                                                   |                                                                                                                        |                                                                           |                                                                                |                                    |                     |                       |                 |                                  |
|      | ш   |                                                                                                           |                                                                                                                          |                                                                                                                        | Court or ag                                                               | encv                                                                           |                                    | Nature (            | of the case           |                 | Status of the                    |
|      |     |                                                                                                           |                                                                                                                          |                                                                                                                        | count on ag                                                               | oney                                                                           |                                    | naturo (            | 0400                  |                 | case                             |
|      |     | Case title                                                                                                |                                                                                                                          |                                                                                                                        |                                                                           |                                                                                |                                    |                     |                       |                 | Pending                          |
|      |     |                                                                                                           |                                                                                                                          |                                                                                                                        | Court Name                                                                |                                                                                |                                    |                     |                       |                 | Pending                          |
|      |     |                                                                                                           |                                                                                                                          |                                                                                                                        | Numbar Ctra                                                               | at .                                                                           |                                    |                     |                       |                 | On appeal                        |
|      |     | Case number                                                                                               |                                                                                                                          |                                                                                                                        | NumberStree                                                               | et                                                                             |                                    |                     |                       |                 | Concluded                        |
|      |     |                                                                                                           |                                                                                                                          |                                                                                                                        | City                                                                      | State                                                                          | Zip Code                           |                     |                       |                 | Corroladou                       |
|      |     |                                                                                                           | 5                                                                                                                        |                                                                                                                        |                                                                           |                                                                                |                                    |                     |                       |                 | _                                |
| Part | 11: | Give Details Al                                                                                           | oout Your B                                                                                                              | usiness or C                                                                                                           | onnections                                                                | to Any Bu                                                                      | siness                             |                     |                       |                 |                                  |
|      |     | A member of A partner in a An officer, di An owner of No. None of the a Yes. Check all that Business Name | etor or self-er<br>f a limited liab<br>a partnership<br>rector, or ma<br>at least 5% o<br>above applies<br>at apply abov | mployed in a tr<br>illity company (I<br>naging executir<br>f the voting or 6<br>s. Go to Part 12<br>ve and fill in the | ade, profess LC) or limite ve of a corpo equity securi details belo Descr | sion, or other<br>ed liability pa<br>oration<br>ties of a corp<br>w for each b | activity, either furthership (LLP) | ull-time or p       | Employer I include So | dentification I | number Do not<br>number or ITIN. |
|      |     | City                                                                                                      | State                                                                                                                    | Zip Code                                                                                                               |                                                                           |                                                                                |                                    |                     | From                  | To              |                                  |
|      |     |                                                                                                           |                                                                                                                          |                                                                                                                        | Descr                                                                     | ribe the natu                                                                  | re of the busine                   | ss                  |                       |                 | number Do not<br>number or ITIN. |
|      |     | Business Name                                                                                             |                                                                                                                          |                                                                                                                        | _                                                                         |                                                                                |                                    |                     | EIN:                  |                 |                                  |
|      |     |                                                                                                           |                                                                                                                          |                                                                                                                        |                                                                           |                                                                                |                                    |                     |                       |                 |                                  |
|      |     | Number Street                                                                                             |                                                                                                                          |                                                                                                                        | _                                                                         |                                                                                |                                    |                     | Dates busi            | ness existed    |                                  |
|      |     | 0.11                                                                                                      | 01-1-                                                                                                                    | 7'- 01-                                                                                                                | Name<br>—                                                                 | of accounta                                                                    | ant or bookkeep                    | er                  |                       |                 |                                  |
|      |     | City                                                                                                      | State                                                                                                                    | Zip Code                                                                                                               |                                                                           |                                                                                |                                    |                     | From                  | To              |                                  |
|      |     |                                                                                                           |                                                                                                                          |                                                                                                                        | Descr                                                                     | ribe the natu                                                                  | re of the busine                   | ss                  |                       |                 | number Do not<br>number or ITIN. |
|      |     | Business Name                                                                                             |                                                                                                                          |                                                                                                                        | _                                                                         |                                                                                |                                    |                     | EIN:                  |                 |                                  |
|      |     | Number Street                                                                                             |                                                                                                                          |                                                                                                                        | _                                                                         |                                                                                |                                    |                     | Dates busi            | ness existed    |                                  |
|      |     |                                                                                                           |                                                                                                                          |                                                                                                                        | Name                                                                      | of accounta                                                                    | ant or bookkeep                    | er                  |                       |                 |                                  |
|      |     | City                                                                                                      | State                                                                                                                    | Zip Code                                                                                                               |                                                                           |                                                                                |                                    |                     | From                  | To              |                                  |
|      |     |                                                                                                           |                                                                                                                          |                                                                                                                        |                                                                           |                                                                                |                                    |                     |                       |                 |                                  |
|      |     |                                                                                                           |                                                                                                                          |                                                                                                                        |                                                                           |                                                                                |                                    |                     |                       |                 |                                  |

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 50 of 68

| Debto  | r 1 Demetric        | R                                         |                  | Neal                        | Case number (if known)                                                                                                                                                                            |
|--------|---------------------|-------------------------------------------|------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | First Name          | Mic                                       | Idle Name        | Last Name                   |                                                                                                                                                                                                   |
|        | reditors, or other  | parties.                                  | nkruptcy, did yo | ou give a financial staten  | nent to anyone about your business? Include all financial institutions,                                                                                                                           |
| L      | Yes. Fill in the    | details below.                            |                  |                             |                                                                                                                                                                                                   |
|        |                     |                                           |                  | Date issued                 |                                                                                                                                                                                                   |
|        | Name                |                                           |                  | MM/DD/YYYY                  | _                                                                                                                                                                                                 |
|        | Number Stre         | et                                        |                  | _                           |                                                                                                                                                                                                   |
|        | City                | State                                     | Zip Code         | _                           |                                                                                                                                                                                                   |
| Part 1 | 2: Sign Below       |                                           |                  |                             |                                                                                                                                                                                                   |
| tru    | ue and correct. I u | nderstand that ma<br>an result in fines u | king a false sta | tement, concealing prop     | ments, and I declare under penalty of perjury that the answers are lerty, or obtaining money or property by fraud in connection with o 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|        |                     | /s/ Demetric Neal                         |                  |                             | <u> </u>                                                                                                                                                                                          |
|        | Sig                 | nature of Debtor 1                        |                  |                             | Signature of Debtor 2                                                                                                                                                                             |
|        | Dat                 | e 12/12/2017                              |                  |                             | Date                                                                                                                                                                                              |
|        | No<br>Yes           | , -                                       |                  | Financial Affairs for Indiv | viduals Filing for Bankruptcy (Official Form 107)?                                                                                                                                                |
|        | No                  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                  |                             | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                             |
|        | Yes. Name of per    | rson                                      |                  |                             | Attach the Bankruptcy Petition Preparer's Notice,                                                                                                                                                 |

Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 51 of 68

| Fill in this infor        | Fill in this information to identify your case: |             |                              |  |  |  |  |  |  |
|---------------------------|-------------------------------------------------|-------------|------------------------------|--|--|--|--|--|--|
| Debtor 1                  | Demetric                                        | R           | Neal                         |  |  |  |  |  |  |
|                           | First Name                                      | Middle Name | Last Name                    |  |  |  |  |  |  |
| Debtor 2                  |                                                 |             |                              |  |  |  |  |  |  |
| (Spouse, if filing)       | First Name                                      | Middle Name | Last Name                    |  |  |  |  |  |  |
| United States E           | Bankruptcy Court for the:                       | Northern    | District of Illinois (State) |  |  |  |  |  |  |
| Case number<br>(If known) |                                                 |             | (Glate)                      |  |  |  |  |  |  |

Check if this is an amended filing

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below. Identify the creditor and the property that is collateral Did you claim the property What do you intend to do with the property that secures a debt? as exempt on Schedule C? Surrender the property. Creditor's name: Westgate Resorts Retain the property and redeem it. Yes Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Westgate Resort Time Share, Orlando, FL 32801 | Value: \$3,000.00 Retain the property and [explain]: Surrender the property. Creditor's No. name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]: No. Surrender the property. Creditor's name: Yes. Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agreement. securing debt: Retain the property and [explain]: No. Creditor's Surrender the property. name: Yes Retain the property and redeem it. Description of Retain the property and enter into a property Reaffirmation Agréement. securing debt: Retain the property and [explain]:

## Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 52 of 68

| Debtor  | r Demetric                                                           | R                     | Neal                     | Case number (if                                                                                                                                               |
|---------|----------------------------------------------------------------------|-----------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1       | First Name                                                           | Middle Name           | Last Name                | known)                                                                                                                                                        |
| Part 2: | List Your Unexpired Person                                           | onal Property Leas    | es                       |                                                                                                                                                               |
| informa |                                                                      | ate leases. Unexpired | l leases are leases that | y Contracts and Unexpired Leases (Official Form 106G), fill in the<br>are still in effect; the lease period has not yet ended. You may<br>U.S.C. § 365(p)(2). |
| De      | escribe your unexpired personal                                      | property leases       |                          | Will the lease be assumed?                                                                                                                                    |
| Les     | ssor's name:                                                         |                       |                          | No Yes                                                                                                                                                        |
|         | scription of leased operty:                                          |                       |                          |                                                                                                                                                               |
| Les     | ssor's name:                                                         |                       |                          | □ No □ Yes                                                                                                                                                    |
|         | scription of leased operty:                                          |                       |                          |                                                                                                                                                               |
| Les     | ssor's name:                                                         |                       |                          | □ No □ Yes                                                                                                                                                    |
|         | scription of leased operty:                                          |                       |                          | _                                                                                                                                                             |
| Les     | ssor's name:                                                         |                       |                          | □ No □ Yes                                                                                                                                                    |
|         | scription of leased operty:                                          |                       |                          |                                                                                                                                                               |
| Les     | ssor's name:                                                         |                       |                          | □ No □ Yes                                                                                                                                                    |
|         | scription of leased operty:                                          |                       |                          |                                                                                                                                                               |
| Les     | ssor's name:                                                         |                       |                          | □ No □ Yes                                                                                                                                                    |
|         | scription of leased operty:                                          |                       |                          |                                                                                                                                                               |
| Les     | ssor's name:                                                         |                       |                          | □ No □ Yes                                                                                                                                                    |
|         | scription of leased operty:                                          |                       |                          |                                                                                                                                                               |
| Part 3: | Sign Below                                                           |                       |                          |                                                                                                                                                               |
|         | er penalty of perjury, I declare<br>perty that is subject to an unex |                       | my intention about any   | property of my estate that secures a debt and any personal                                                                                                    |
| _       | /s/ Demetric Neal                                                    |                       | <b>x</b> _               |                                                                                                                                                               |
| S       | Signature of Debtor 1                                                |                       | Siç                      | gnature of Debtor 2                                                                                                                                           |
| [       | Date 12/12/2017                                                      |                       | Da                       |                                                                                                                                                               |
|         | MM/DD/YYYY                                                           |                       |                          | MM/DD/YYYY                                                                                                                                                    |

Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 53 of 68

B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

|       |                                                                                                                | Nortnern Dis               | strict of Illinois            |                        |                    |
|-------|----------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------|------------------------|--------------------|
| In re | Demetric R Neal                                                                                                |                            | Case I                        | No                     |                    |
| _     | Debtor                                                                                                         |                            |                               | (1                     | f known)           |
|       |                                                                                                                |                            | Chapt                         | er Cl                  | hapter 7           |
|       | DISCLOSURE OF                                                                                                  | COMPENSAT                  | ION OF ATTOR                  | NEY FOR DI             | EBTOR              |
| 1     | . Pursuant to 11 U.S.C. § 329(a) and I compensation paid to me within one rendered or to be rendered on behalf | year before the filing of  | the petition in bankruptcy, o | r agreed to be paid to | o me, for services |
|       | For legal services, I have agreed to a                                                                         | ccept                      |                               |                        | \$1,850.00         |
|       | Prior to the filing of this statement I                                                                        | have received              |                               |                        | \$0.00             |
|       | Balance Due                                                                                                    |                            |                               |                        | \$1,850.00         |
| 2     | . The source of the compensation pair                                                                          | d to me was:               |                               |                        |                    |
|       | <b>✓</b> Debtor                                                                                                | Other (spec                | cify)                         |                        |                    |
| 3     | . The source of the compensation pai                                                                           | d to me is:                |                               |                        |                    |
|       | <b>✓</b> Debtor                                                                                                | Other (spec                | cify)                         |                        |                    |
| 4     | I have not agreed to share the at members and associates of my l                                               |                            | ation with any other person ( | unless they are        |                    |
|       | I have agreed to share the above members or associates of my law the people sharing in the compe               | w firm. A copy of the agre |                               |                        |                    |
| 5     | In return for the above-disclosed fee     a. Analysis of the debtor's finar bankruptcy;                        | <del>-</del>               | <del>-</del>                  | · -                    | -                  |
|       | b. Preparation and filing of any                                                                               | petition, schedules, state | ements of affairs and plan wh | nich may be required   | ·                  |
|       | c. Representation of the debtor                                                                                | at the meeting of credito  | ors and confirmation hearing  | , and any adjourned l  | hearings thereof;  |
| 6     | . By agreement with the debtor(s), the                                                                         | above-disclosed fee doe    | s not include the following s | services:              |                    |
|       |                                                                                                                |                            |                               |                        |                    |
|       |                                                                                                                | CERTI                      | FICATION                      |                        |                    |
|       | I certify that the foregoing is a comple tor(s) in this bankruptcy proceedings.                                | te statement of any agree  | ement or arrangement for pay  | ment to me for repre   | sentation of the   |
|       | 12/12/2017                                                                                                     |                            | /s/ Michael Mil               | ler                    |                    |
|       | Date                                                                                                           |                            | Signature of Attor            | ney                    |                    |
|       |                                                                                                                |                            | Semrad Law Fir                | m                      |                    |
|       |                                                                                                                |                            | Name of law fin               |                        |                    |
|       |                                                                                                                |                            |                               |                        |                    |

Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 54 of 68

# CONTRACT FOR LEGAL SERVICES FOR REPRESENTATION IN A CHAPTER 7 BANKRUPTCY CASE

I do hereby retain the law firm of The Semrad Law Firm, LLC to represent my legal interests solely in a Bankruptcy case filed under Chapter 7 of the United States Bankruptcy Code. I further understand that this representation DOES NOT INCLUDE defending my interests in any adversary proceeding filed against me nor does this representation cover state court proceedings or criminal litigation.

I understand that The Semrad Law Firm, LLC is not going to charge me for time spent prior to the filing of my Chapter 7 case preparing and filing my petition. I also understand that The Semrad Law Firm, LLC may incur costs for such items as credit reports and tax transcripts for which it will not seek reimbursement.

After the bankruptcy case is filed, I understand that I will be presented with a second retainer agreement to pay The Semrad Law Firm, LLC \$1850.00

attorney fees plus any necessary post-petition costs to represent my interests including preparation and amendment, if necessary, of schedules; preparation and attendance of the Section 341 Meeting of Creditors; review and attendance, if necessary, to motions for stay relief; review of any redemption agreements; review of any reaffirmation agreements; case administration and monitoring, motions to reopen, if necessary, as well as a post discharge review of my credit report to ensure accurate reporting. I further understand and agree that additional professional legal services will result in additional fees that are due The Semrad Law Firm, LLC. Some of the additional services and fees are as follows:

Representation in an Adversary Proceeding. \$350.00/hr. Adding additional bills \$31.00 Motion to Reopen and Avoid Lien \$1000.00

I have been presented to two options regarding the filing fees of \$335.00 payable to the Bankruptcy Court. I have elected to either,

- 1. Pay the costs directly to the bankruptcy court either all at once, or apply to pay these costs in installments; or
- 2. Request that the firm pay these costs on my behalf after filing for which it will seek reimbursement from me.

I understand that once my bankruptcy is filed, I will not be legally obligated to pay any fees to The Semrad Law Firm, LLC. If any fees are owed to The Semrad Law Firm, LLC and not paid as of the filing of the bankruptcy, they will be discharged in the bankruptcy and may not be collected by The Semrad Law Firm, LLC or it assignees. After my bankruptcy is filed, I may sign a second retainer agreement promising to pay fees for the remainder of my representation in consideration of services to be performed by The Semrad Law Firm, LLC after the filing of my bankruptcy. I understand that I will be under no obligation to do so and can refuse to sign such an agreement. However, The Semrad Law Firm, LLC reserves the right to withdraw from my representation in the event that I do not sign a second retainer within 10 days after the filing of my case. I have been advised that I have a right to consult other counsel before I sign the second retainer. Further, if I do not wish for The Semrad Law Firm, LLC to represent me, I always have the right to seek any other legal counsel.

I further understand that the fee to be paid pursuant to the terms of this Contract is a flat fee, and that this fee shall immediately become the property of The Semrad Law Firm, LLC, in exchange for a commitment by The Semrad Law Firm, LLC, to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC, and will be used for general expenses of the firm.



As The Semrad Law Firm, LLC has duties to me as its client, I likewise have responsibilities. I agree to fully cooperate with The Semrad Law Firm, LLC This includes, but is not limited to, providing The Semrad Law Firm, LLC with all information necessary and related to my bankruptcy case. In addition, I must attend all scheduled Court hearings and meetings.

I understand that I am to notify my creditors of my bankruptcy case once my Chapter 7 case is filed. I understand that The Semrad Law Firm, LLC is not liable or responsible for any illegal collection actions taken by my creditors once my case is filed.

I also understand that, if I am filing a joint case, the use of the personal pronouns "I", "me" or "my" are binding upon each signatory individually. I also understand that the laws of the State of Illinois are applicable to enforcement of this contract. Moreover, any change in this Contract is null and void unless it is in writing and signed by The Semrad Law Firm, LLC or an agent thereof.

Date: 12/12/2017

Client Client Client

Attorney

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

## Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit 20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 60 of 68

### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

| In re:        | Neal, Demetric R | Case No                                      |                                     |
|---------------|------------------|----------------------------------------------|-------------------------------------|
|               | Debtor(s)        |                                              |                                     |
|               |                  | Chapter.                                     | Chapter7                            |
|               | VERIFI           | CATION OF CREDITOR MAT                       | RIX                                 |
| T<br>knowledg |                  | fy that the attached list of creditors is tr | ue and correct to the best of their |
| Date:         | 12/12/2017       | /s/ Neal, Demetric<br>Neal, Demetric R       |                                     |
|               |                  | Signature of Deb                             |                                     |

IL Tollway PO Box 5544 Chicago, IL, 60608

ALLY FINANCIAL PO Box 130424 Saint Paul, MN, 55113

NORDSTROM/TD BANK USA PO BOX 6555 ENGLEWOOD, CO, 80155

MAJR FINANCL 7951 W MISSISSIPPI SUITE B LAKEWOOD, CO, 80226

Blitt & Gaines 661 Glenn Ave Wheeling, IL, 60090

NTNWIDE LNS 3435 N CICERO AVE CHICAGO, IL, 60641

Adler Arthur B & Assoc PO BOX 30308 Chicago, IL, 60630

PORTFOLIO RECOV ASSOC 120 CORPORATE BLVD STE 1 NORFOLK, VA, 23502

MIDLAND FUNDING PO Box 13105 Roanoke, VA, 24031

Blatt Hasenmille Leibsker 10 S Lasalle, Ste 2200 Chicago, IL, 60603

FIRST PREMIER BANK c/o Jefferson Capital Systems LLC PO Box 7999 c/o Linda Dold Saint Cloud, MN, 56302 CCS/BRYANT STATE BANK 500 E 60TH ST N SIOUX FALLS, SD, 57104

CAPITALONE c/o Pollack & Rosen, P.C 1825 Barrett Lakes Blvd Suite 510 Kennesaw, GA, 30144

TD BANK USA/TARGETCRED PO Box 660170 Dallas, TX, 75266

MAGE & PRICE 707 Lake Cook Rod #314 Deerfield, IL, 60015

Inbox Loan P.O. Box 881 Santa Rosa, CA, 95402

Sprint P O Box 629023 El Dorado Hills, CA, 95762

Westgate Resorts 2801 Old Winter Garden Rd c/o Maureen Husar Ocoee, FL, 34761

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 63 of 68

| Debtor 1 Demetric First Name                                                                                                                                                                              | R<br>Middle Name                                                                                                                                                                                                                                                                                                                                                                                                                                      | Neal<br>Last Name                                                                                                                                                                                                                                                                                                                                                                                                                     | Case number (if lanown)                                    |                                                                                                                      |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--|--|
| All residents and a second second                                                                                                                                                                         | estions for Reporting Purpos                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |                                                                                                                      |  |  |
| <sup>16.</sup> What kind of debts do<br>you have?                                                                                                                                                         | 16a. Are your debts primar "incurred by an individe" No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primar money for a business of No. Go to line 16c. Yes. Go to line 17.                                                                                                                                                                                                                                                              | re your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  Yes. Go to line 17.  re your debts primarily business debts? Business debts are debts that you incurred to obtain oney for a business or investment or through the operation of the business or investment.  No. Go to line 16c. |                                                            |                                                                                                                      |  |  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | 💟 No.                                                                                                                                                                                                                                                                                                                                                                                                                                                 | oter 7. Do you estimate that                                                                                                                                                                                                                                                                                                                                                                                                          | after any exempt property i<br>distribute to unsecured cre | s excluded and administrative<br>ditors?                                                                             |  |  |
| 18. How many creditors<br>do you estimate that<br>you owe?                                                                                                                                                | ☑ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999                                                                                                                                                                                                                                                                                                                                                                                                           | 1,000-5,00<br>5,001-10,0<br>10,001-25,                                                                                                                                                                                                                                                                                                                                                                                                | 00                                                         | 25,001-50,000<br>50,001-100,000<br>More than 100,000                                                                 |  |  |
| 19. How much do you<br>estimate your assets<br>to be worth?                                                                                                                                               | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million                                                                                                                                                                                                                                                                                                                                                                    | \$10,000,00<br>\$50,000,00                                                                                                                                                                                                                                                                                                                                                                                                            | -\$10 million                                              | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |  |  |
| 20. How much do you<br>estimate your<br>liabilities to be?                                                                                                                                                | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million                                                                                                                                                                                                                                                                                                                                                                    | \$10,000,00<br>\$50,000,00                                                                                                                                                                                                                                                                                                                                                                                                            | -\$10 million                                              | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |  |  |
| Part 78 Sign Below                                                                                                                                                                                        | I have examined this notition                                                                                                                                                                                                                                                                                                                                                                                                                         | and I dodara under non                                                                                                                                                                                                                                                                                                                                                                                                                | olty of porium that the inf                                |                                                                                                                      |  |  |
|                                                                                                                                                                                                           | correct.  If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |                                                                                                                      |  |  |
|                                                                                                                                                                                                           | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |                                                                                                                      |  |  |
| ·<br>·                                                                                                                                                                                                    | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.  **  /s/ Demetric Neal  Signature of Debtor 1  Signature of Debtor 2 |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                            |                                                                                                                      |  |  |
| and the second seco                                                                                            | Executed on 12/12/20 MM /                                                                                                                                                                                                                                                                                                                                                                                                                             | 917<br>DD / YYYY                                                                                                                                                                                                                                                                                                                                                                                                                      | Executed on                                                | MM / DD / YYYY                                                                                                       |  |  |

## Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 64 of 68

| Fill in this infor                                                  | mation to identify your c                                              | ase:                       |                                                    |                                              |                                   |
|---------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------|----------------------------------------------------|----------------------------------------------|-----------------------------------|
| Debtor 1                                                            | Demetric<br>First Name                                                 | R<br>Middle Name           | Neal<br>Last Name                                  |                                              |                                   |
| Debtor 2<br>(Spouse, if filing)                                     | First Name                                                             | Middle Name                | Last Name                                          |                                              |                                   |
| United States E                                                     | Bankruptcy Court for the:                                              | Northern                   | District of Illinois (State)                       |                                              |                                   |
| Case number<br>(If known)                                           |                                                                        |                            | (Oldio)                                            |                                              |                                   |
| Official                                                            | Form 106De                                                             | C                          |                                                    |                                              | Check if this is a amended filing |
| Declarat                                                            | ion About an                                                           | Individual Debt            | or's Schedules                                     | 3                                            | 12/1                              |
| You must file t<br>money or prop<br>U.S.C. §§ 152,<br>Part 12: Sign | his form whenever you ferty by fraud in connect: 1341, 1519, and 3571. | ion with a bankruptcy cas  | or amended schedules. Me can result in fines up to | laking a false statement, concealing pro     |                                   |
| No No                                                               | Name of person                                                         | one who is NOT an attorn   |                                                    | Petition Preparer's Notice, Declaration, and |                                   |
|                                                                     | are true and correct.  etric Neal Down of Debtor 1                     | e that I have read the sum | <b>x</b>                                           | with this declaration and                    |                                   |

MM/DD/YYYY

MM/DD/YYYY

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 65 of 68

| Debtor 1                                | Demetric<br>First Name                            | R<br>Middle Name             | Neal<br>Last Name           | Case number (if known)                                                                               |
|-----------------------------------------|---------------------------------------------------|------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------|
|                                         | ristinane                                         | Middle Haris                 | East Hane                   |                                                                                                      |
|                                         | thin 2 years before<br>editors, or other pa       |                              | ou give a financial state   | ment to anyone about your business? Include all financial institutions,                              |
| Tourse.                                 | No.                                               |                              |                             |                                                                                                      |
| E. Carrier                              | Yes. Fill in the det                              | ails below.                  |                             |                                                                                                      |
| Europea                                 | £                                                 |                              | Date issued                 | E. S.                                                                                                |
|                                         | ****                                              |                              |                             | Marian.                                                                                              |
|                                         | Name                                              |                              | MM/DD/YYYY                  |                                                                                                      |
|                                         | Number Street                                     |                              | <del></del>                 |                                                                                                      |
|                                         |                                                   |                              |                             |                                                                                                      |
|                                         | City                                              | State Zip Code               |                             |                                                                                                      |
| Pari 12                                 | Sign Below                                        |                              |                             |                                                                                                      |
| a ba                                    | nkruptcy case can result in fines up to \$250,000 |                              | , or imprisonment for up    | to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.                                        |
|                                         | ***************************************           | ure of Debtor 1              |                             | Signature of Debtor 2                                                                                |
|                                         | Date 1                                            | 2/12/2017                    | ·                           | Date                                                                                                 |
| Did y                                   | you attach addition                               | al pages to Your Statement o | f Financial Affairs for Inc | lividuals Filing for Bankruptcy (Official Form 107)?                                                 |
| *************************************** | No                                                |                              |                             |                                                                                                      |
| Emmod                                   | Yes                                               |                              |                             |                                                                                                      |
| Did y                                   | you pay or agree to                               | pay someone who is not an a  | ttorney to help you fill o  | ut bankruptcy forms?                                                                                 |
| [7]                                     | No                                                |                              |                             |                                                                                                      |
| Samuel<br>Samuel<br>Samuel              | Yes. Name of persor                               | 7                            |                             | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119). |

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 66 of 68

| 4 (***)                     |                                                        |                           |                        |                                                                                                                                                       |
|-----------------------------|--------------------------------------------------------|---------------------------|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 Firs                      | st Name                                                | Middle Name               | Last Name              | known)                                                                                                                                                |
| ant 2: List                 | Your Unexpired Per                                     | sonal Property Leas       | ses                    |                                                                                                                                                       |
| For any unex<br>information | xpired personal property<br>below. Do not list real of | y lease that you listed i | n Schedule G: Executor | Contracts and Unexpired Leases (Official Form 106G), fill in the are still in effect; the lease period has not yet ended. You may U.S.C. § 365(p)(2). |
| Describ                     | e your unexpired persor                                | nal property leases       |                        | Will the lease be assumed?                                                                                                                            |
| Lessor's                    | name:                                                  |                           |                        | No<br>Yes                                                                                                                                             |
| Description property:       | on of leased<br>;                                      |                           |                        | Eurosel                                                                                                                                               |
| Lessor's                    | name:                                                  |                           |                        | No<br>Yes                                                                                                                                             |
| Description property:       | on of leased<br>:                                      |                           |                        | очения                                                                                                                                                |
| Lessor's                    | name:                                                  |                           |                        | No<br>Yes                                                                                                                                             |
| Description property:       | on of leased                                           |                           |                        | Funned                                                                                                                                                |
| Lessor's                    | name:                                                  |                           |                        | No<br>Yes                                                                                                                                             |
| Description property:       | on of leased                                           |                           |                        | Тогория                                                                                                                                               |
| Lessor's                    | name:                                                  |                           |                        | No<br>Yes                                                                                                                                             |
| Description property:       | on of leased                                           |                           |                        | ouerens.                                                                                                                                              |
| Lessor's                    | name:                                                  |                           |                        | No<br>Yes                                                                                                                                             |
| Description property:       | on of leased                                           |                           |                        | понеору                                                                                                                                               |
| Lessor's                    | name;                                                  |                           |                        | No Yes                                                                                                                                                |
| Description property:       | on of leased                                           |                           |                        | Стиней                                                                                                                                                |
| artest Sign                 | 1 Below                                                |                           |                        |                                                                                                                                                       |
|                             | nalty of perjury, I declar<br>hat is subject to an une |                           | my intention about any | property of my estate that secures a debt and any personal                                                                                            |
|                             | emetric Neal Ook                                       | oh.                       | _ X<br>Sign            | nature of Debtor 2                                                                                                                                    |
| Date 1                      | 2/12/2017<br>MM/DD/YYYY                                | ,                         | Dat                    |                                                                                                                                                       |

Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 67 of 68

### **UNITED STATES BANKRUPTCY COURT**

Northern District of Illinois

| In re:                                  | Neal, Demetric R                             | Case No                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------|----------------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| *************************************** | Debtor(s)                                    |                                          | The second secon |
|                                         |                                              | Chapter.                                 | Chapter7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                         | VERIFICA                                     | ATION OF CREDITOR MAT                    | TRIX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| T<br>knowledge                          | he above named Debtors hereby verify t<br>e. | hat the attached list of creditors is tr | ue and correct to the best of their                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Date:                                   | 12/12/2017                                   | /s/ Neal, Demetric R                     | U Drotte L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

# Case 17-36830 Doc 1 Filed 12/12/17 Entered 12/12/17 18:47:21 Desc Main Document Page 68 of 68

| Debtor 1                                                                                                                                                              | Demetric<br>First Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | R Middle Name                                                                                                                                     | Neal<br>Last Name                             | Case number (if know                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Case number (if known)                     |                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------|--|
| 8.Unem                                                                                                                                                                | sployment compe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ensation                                                                                                                                          |                                               | Column A Debtor 1 \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Column B<br>Debtor 2 or<br>non-filing spou | :::::::::::::::::::::::::::::::::::::: |  |
| Do no<br>under<br>For yo                                                                                                                                              | the Social Securit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | nt if you contend that the amou<br>y Act. Instead, list it here:                                                                                  | unt received was a benefit \$0.00             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | nounce                                 |  |
|                                                                                                                                                                       | our spouse                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                   | \$0.00                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                        |  |
| 9. <b>Pensi</b><br>benef                                                                                                                                              | on or retirement<br>it under the Social                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | income. Do not include any a<br>Security Act.                                                                                                     | amount received that was a                    | \$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ######################################     | <u> </u>                               |  |
| amou<br>paym<br>intem                                                                                                                                                 | nt. Do not include<br>ents received as a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | r sources not listed above.S<br>any benefits received under the<br>victim of a war crime, a crime<br>c terrorism. If necessary, list of<br>below. | e Social Security Act or against humanity, or |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                        |  |
|                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · · · · · · · · · · · · · · · · · · ·                                                                                                             |                                               | +\$0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ·                                          | ·                                      |  |
| Total                                                                                                                                                                 | amounts from sep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | parate pages, if any.                                                                                                                             |                                               | **************************************                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ***************************************    |                                        |  |
| 11. Cale                                                                                                                                                              | culate your total                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | current monthly income. Ad                                                                                                                        | d lines 2 through 10 for                      | \$3,401.85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ***************************************    | \$3,401.85                             |  |
|                                                                                                                                                                       | ımn. Then add th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | e total for Column A to the total                                                                                                                 | l for Column B.                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                        |  |
|                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | Total current<br>monthly income        |  |
|                                                                                                                                                                       | HOUSEN CONTRACTOR CONT | ether the Means Test Ap                                                                                                                           |                                               | TERMONETINUS SANTONIONIS SANTONIONIS SANTONIONIS SANTONIONIS SANTONIONIS SANTONIONIS SANTONIONIS SANTONIONIS S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                        |  |
|                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | nt monthly income for the ye<br>rrent manthly income from line                                                                                    |                                               | Copy II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ine 11 here ->                             | 62 401 95                              |  |
| į                                                                                                                                                                     | Multiply by 12 (the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e number of months in a year).                                                                                                                    |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | \$3,401.85<br>X 12                     |  |
| 12b. 3                                                                                                                                                                | The result is your a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | annual income for this part of t                                                                                                                  | he form.                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1                                          | 2b. <u>\$40,822.20</u>                 |  |
| 13 Calcu                                                                                                                                                              | ilate the median                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | family income that applies t                                                                                                                      | a unii Fallow those stone:                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | <u> </u>                               |  |
|                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   | Illinois                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                        |  |
|                                                                                                                                                                       | the state in which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                   | 2                                             | A-d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                        |  |
|                                                                                                                                                                       | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ople in your household.                                                                                                                           |                                               | i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                            |                                        |  |
| Hill in i                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | income for your state and size                                                                                                                    | of                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | 13. \$67,254.00                        |  |
|                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | le median income amounts, gi<br>n. This list may also be availabl                                                                                 |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                        |  |
| 14. How                                                                                                                                                               | do the lines com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | pare?                                                                                                                                             |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                        |  |
| 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse.  Go to Part 3.                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                        |  |
| 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.  Go to Part 3 and fill out Form 122A-2. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                        |  |
| Part 3:                                                                                                                                                               | Sign Below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                   |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                        |  |
|                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |                                               | A TAN DE LE CONTROL DE LA CONT |                                            |                                        |  |
| By si                                                                                                                                                                 | gning here, I deck                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | are under penalty of perjury tha                                                                                                                  | t the information on this st                  | atement and in any attachments is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | true and correct.                          | :                                      |  |
|                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   | $\cap$                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                        |  |
| _                                                                                                                                                                     | /s/ Demetric Nea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                   |                                               | Signature of Debtor 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                            | <del></del>                            |  |
|                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | •                                                                                                                                                 |                                               | **                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                        |  |
| D                                                                                                                                                                     | ate 12/12/2017<br>MM/DD/YYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Y                                                                                                                                                 |                                               | Date 12/12/2017<br>MM/DD/YYYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                        |  |
|                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4a, do NOT fill out or file Form<br>4b, fill out Form 122A-2 and f                                                                                |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                        |  |